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Vol. V. ST. LOUIS, JANUARY, 1877. No. 1.

THE SULPHO-CARBOLATE OF SODIUM IN DIPHTHERIA.

Dr. Anthony says, in *Med. and Surg. Reporter:* During the prevailing epidemic of diphtheria in our city, I have had an opportunity to note the beneficial results of the use of the sulpho-carbolate of sodium in the treatment of that disease.

In fourteen cases which have been treated by me, I have given it with satisfactory effect in every case.

I commence the use of the remedy as soon as the disease is recognized. I give from three to ten grains every one, two, or three hours, according to the condition of the patient. I combine it in some cases with tinct. ferri mur., or sulph. quiniæ. It may be given in any aromatic water or syrup, but I prefer the syr. aurantii cort. In several cases where it was used, it seemed to exert almost a specific effect. Topical applications were also used, of which I prefer the argenti nitras, applied either in a strong solution, by means of a probang, or the solid stick applied direct to the parts.

The following is a typical case, illustrating my course of treatment:

S. G. T., aged five years, was first seen by me on Monday, November 13th. His condition then was as follows: Pulse, 140; temperature, 104 deg; skin dry; tongue coated with heavy white fur in the centre, with a bright red edge; deglutition was performed with difficulty; the fauces were swollen, with diphtheritic patches on both tonsils.

I ordered

℞. Sulph. carb. sodii	2 drachms.	
Quiniæ sulph	1 drachm.	
Acid. sulph. aromat	1 drachm.	
Syr. aurantii cort	4 ounces.	M.

A teaspoonful to be given every three hours.

The throat to be showered, by means of a syringe, once an hour, with a mixture of chlor. potass., mur. tinct. ferri and water.

On Tuesday, his pulse was 120; morning temperature, 192 deg.; evening temperature, $102\frac{5}{10}$. Applied solution of nitras argenti, by means of probang, to the throat. On Wednesday, P. M., there was no appearance of any diphtheritic patches. The pulse had come down to 88, and the temperature to $99\frac{5}{10}$ degrees.

On Thursday, my patient was up, and able to eat dinner with the family.

The above case yielded more rapidly than any other which I noted, but it serves to exemplify my method of treatment. I consider the sulpho-carbolate of sodium an invaluable remedy in the treatment of this disease, and if other physicians, who may try it, meet with the success that I have in its use, they will undoubtedly feel gratified with the result.

I have not found much effect from its use as a topical application. It proves to be a stable salt, parting with its acid only when chemically acted upon by the fluids of the body.

TINCTURE OF ACONITE ROOT TO STOP THE TOOTHACHE.

Dr. Stevens, in the *Progres Dentaire*, advises the use of the tinct. aconit. rad. in inflammation of the gums. In case an alveolar abscess is imminent, dry the gum with cotton, and apply a drop of the tinct. of aconite. After the extraction of a tooth, one or two drops, applied on a tampon of cotton, produces an immediate relief from pain.

THE METRIC SYSTEM.

The following tables show that the international uniform metric system of weights and measures is based on the decimal plan exactly that practised in the computation of Federal money:

FEDERAL MONEY.

10 Mills make 1 Cent.
10 Cents " 1 Dime.
10 Dimes " 1 Dollar.
10 Dollars " 1 Eagle.

METRIC MEASURES OF LENGTH.

10 Millimeters make 1 Centimeter.
10 Centimeters " 1 Decimeter.
10 Decimeters " 1 Meter, is 3 feet, 3⅜ inch.
10 Meters " 1 Dekameter.
10 Dekameters " 1 Hectometer.
10 Hectometers " 1 Kilometer.

METRIC MEASURES OF CAPACITY.

10 Milliliters make 1 Centiliter.
10 Centiliters " 1 Deciliter.
10 Deciliters " 1 Liter, is 1¾ pints.
10 Liters " 1 Dekaliter.
10 Dekaliters " 1 Hectoliter.
10 Hectoliters " 1 Kiloliter.

METRIC WEIGHT,

10 Milligrams make 1 Centigram.
10 Centigrams " 1 Decigram.
10 Decigrams " 1 Gram, is 15½ grains.
10 Grams " 1 Dekagram.
10 Dekagrams " 1 Hectogram.
10 Hectograms " 1 Kilogram.

TABLE.

Multiples are denoted by the Greek words, "Deka," Ten; "Hecto," Hundred; "Kilo," Thousand. Subdivisions by the Latin words, "Deci," one-tenth; "Centi," One-hundredth; "Milli," one-thousandth.

Quantities.	Length.	Capacity.	Weight,
1000	Kilo-metre.	Kilo-litre.	Kilo-gram.
100	Hecto-metre.	Hecto-litre.	Hecto-gram.
10	Deka-metre.	Deka-litre.	Deka-gram.
1 (Units)	METRE.	LITRE.	GRAM.
.1	Deci-metre.	Deci-litre.	Deci-gram.
.01	Centi-metre.	Centi-litre.	Centi-gram.
.001	Milli-metre.	Milli-litre.	Milli-gram.

When the metric method is exclusively adopted, these Units and Table, comprising the entire System of Weights and Measures, represent all that will be essential to be learned in lieu of the numerous and complicated tables hitherto in use.

LOCAL APPLICATION OF GELSEMINUM IN STRICTURE.

Dr. Gailard says: After sounding my patient with a No. 1 bougie, which I only succeeded in introducing about 2½ inches, I decided to try the following prescription, of which I injected one drachm at a time, allowing it to remain in the urethra:

R. Fl. Ex. Gelseminum..... 30 drops.
Aquæ..... 30 drops.

This was done four times during the day, and in the nigh the patient was able to pass water more readily. I then made a medicated bougie in the following manner:

R. Fl. Ex. Gelseminum..... 30 drops.
Aquæ..... 30 drops.
Acaciæ Pulv. q. s. to make a thick mucilage.

After dipping the bougie in the mucilage, and allowing it to dry, and repeating this several times till it attained the size of a No. 5 bougie, I then introduced it in the urethra, and allowed it to remain one hour. I kept repeating these applications twice a day, and the injections three times a day, changing the size of the bougie every day, till I got up to a No. 10; and to my satisfaction, twelve days afterward, I had entirely overcome the stricture, which never gave him any more trouble while he lived. He died but recently, and from apoplexy. Curious to ascertain whether I owed that cure to the topical effect of Gelseminum, I waited patiently for the next case of spasmodic stricture, and last year had the satisfaction to have two in succession. I used the same treatment, and had the pleasure to see the same result as before, with a perfect cure in less than a month.

HOW TO GET LEAN.

All animals which live on grain get fat, if they are healthy, and have enough to eat, because the grain is full of starch, which is converted into sugar. On the other hand, all the animals that live on flesh-meat, from the lion to the weasel, from the eagle to the smallest hawk, never get fat, no matter how much they may have to eat. If you will avoid starch-bearing articles mainly, making your diet most of lean beef or mutton, with a little Graham bread, or potato, turnip, or other coarse vegetable, with tart fruit, avoiding the sugar, butter, or other fatty matter, you will become as lean as you ought to be.

For the Brief.

CROUP.

After several years' experience with it, I offer the following as the very best remedy for croup. I always keep it made up, ready to take along at a moment's notice:

R. Oil Stillingia..... 1 drachm.
Oil Cajeput..... 1 drachm.
Oil Lobelia..... ½ drachm.
Oil Lavender..... ½ drachm.
Oil Cinnamon..... 10 drops.
Alcohol..... 1 ounce. M.

As soon as the croupal cough is noticed, rub a small quantity on the throat; repeat every hour or two, as long as necessary. If the case is a very bad one, give one or two drops on sugar every few hours. Since I commenced to use the above, I have found no other treatment necessary in any case of croup.

DON ROY, M. D.

For the Medical Brief.

MEDICAL USES OF CEREUS BONPLANDII.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

This is a new remedy, but one of intrinsic value to the physician. It is of that extensive order, Cactuceæ. For the botanical description and full effects, see *New Materia Medica*, written by the author of this paper, and now in press. The Cereus Bonplandii has been used for years past, by the Mexican people, for fevers, but it was but recently that its real therapeutical value was found out. It is a very positive sedative to the cardiac ganglia, and a much better one than the cactus grandiflorus, which has acquired such a reputation in heart troubles. There has been no analysis made of this plant, consequently its constituents are unknown. It has proven a very positive remedy for that most painful affection of the heart, usually called angina pectoris. A few doses of 10 or 15 drops at a dose, frequently giving relief in a few hours, and at most in a day or two. I am now treating an old lady, some 60 or 65 years of age, who could not live but for the constant use of the Cereus. Her's is a case of hypertrophy, with very frequent attacks of angina pectoris. The Cereus not only gives her relief from the pain, but controls the nervous irritability of the heart, and thereby checks the violent palpitation which attends most cases of hypertrophy, and some other diseases of the heart. I have never found anything to

equal the Cereus in angina pectoris, nervous palpitation, and the dyspnœa, that almost always attends heart troubles. A lady of Atlanta, Ga., was seized suddenly with angina pectoris, and could not have lived without relief; her physician, a friend of mine, gave her the tincture of Cereus, which relieved her entirely in a few minutes, and saved her life, without doubt. I like medicines that act thus positively. I introduce this remedy with confidence of its merits. I hope others will try it, and report the result.

TREATMENT OF DROPSY BY THE JUNIPER-VAPOR BATH.

The Canada *Medical Record* contains the report of two cases of dropsy in the care of Dr. Casey A. Wood, of Ottawa, treated by the vapor bath, from which we extract the following:

"The first case, to be briefly mentioned, was that of a man, J. F., aged forty-four, an ax-man in one of the shanties. In March, 1875, he noticed that his feet began to swell slightly, and, although he had no pain in the ankle, he applied to and received medicine from a neighboring physician for rheumatism. He grew rapidly worse; so bad at last that he had to leave his work in the shanty, and take a long, cold journey to the city. When he reached this place, the swelling had extended until his face and neck were painfully bloated, and the function of respiration so interfered with that the only position he could get any ease in, was by leaning over a desk or high table. He went under the care of a physician, who gave him some remedies that nauseated him very much, and yet caused very little diaphoretic effect. Seemingly disheartened at the small effect his course of treatment had upon the case, the physician advised him to go home at once, and assured him that he could not live more than four or five days. This same advice was given him a second time by another medical gentleman he applied to; and had there not been something effectual done, a short time afterward, their prognostications would have been verified, because, when he came under my observation a few days after, he was completely anasarcous, and so exceedingly distended was his skin in some parts, that it hardly pitted on pressure; his legs seemed like huge bags of water; his whole body was bloated in the extreme; his breathing short and hurried; his lips were blue, and his face wore an anxious look; in fact, the man was

slowly dying of suffocation. His skin was harsh and dry, and he himself said he had not perspired for a considerable time.

"He was ordered at once to take a juniper-vapor bath, made as follows: A large iron pot is filled with the small branches and berries of the evergreen juniper(*J. communis vel depressa*), found growing wild in many of our meadows; cold water is poured in until the pot is full, the whole being heated on a stove till the water boils. It is then allowed to boil ten minutes; not longer, because the volatile oil upon which the virtues of the plant depend would be dispelled by the heat and lost. The pot is now put underneath a cane-bottomed chair, on which the patient is seated, and completely covered with heavy flannel blankets, that are made to fall over his feet to the floor. The blankets should be securely pinned around his neck above, so that the steam laden with the volatile principles of the plant is nowhere allowed to escape. By means of a stick the pot may be occasionally stirred, so as to send up fresh supplies of the heated vapor. The effects of the bath are increased by keeping the room at a temperature of 80 or 90 degrees F. The patient should remain in this position, for the first two or three baths, from one-half to three-quarters of an hour, according to his ability to stand it, and after this until copious perspiration is induced. During the steaming process, he should be given, every ten minutes, a tablespoonful of gin, with the double purpose of getting the diuretic effects of the oil of juniper contained in the liquor, and of keeping up the patient's strength by the stimulant, as, of course, the process is likely to cause faintness. It will be of the greatest utility to have him take at the same time some warm drink, as thin gruel, or, if he prefer it, hot, weak tea. This will not only increase the diaphoresis, but will allay thirst. When the bath is over, the patient should at once retire to bed, and cover himself up with bed clothes, when he will probably continue to perspire for some time. Some disappointment may be encountered the first time the vapor bath is tried; for although the patient may be well covered up, may drink of warm aliments, and the pot placed under him be large and well filled with the hottest of juniper water, little or no perspiration may be seen on the sufferer's skin. This is not to be wondered at when one considers how dry, harsh, and unperspiring the skin of a dropsical person is; still it is wonderful how soon it recovers its lost function, for after the second or third trial, the skin becomes

somewhat moist, and loses its dryness and harshness. Each succeeding bath causes more profuse sweating than its predecessor, until at last the water rolls off the person's face, body and legs in a perfect stream, and soon shows its power of reducing the quantity of water wherever it is abnormally deposited in dropsy. Its effect on the patient in question was perfectly surprising. After using the baths every day for a week, he was reduced to almost his natural size, the dyspnœa had entirely disappeared, the anxious look had gone from his face, his lips were of natural color, his breathing was normal, and he looked and felt in every way better. He was now told to use the baths a week longer, every other day, and to take the following:

R. Tinct. Juniperi (but made with berries and gin)... 3 ounces.
Potass, bitart..... 2 ounces.
Aquæ ad..... 3 ounces.

M. Sig. A dessertspoonful three times a day.

Neither a very nice-looking, nor a very scientific prescription, but a very *effectual* one. At the end of three weeks, he went home perfectly recovered. He was seen three months after, when he felt all right, with the exception of occasional pain across the small of the back.

IODINE IN TYPHOID FEVER.

Dr. Edebohls, house physician at St. Francis' Hospital, reports that in that institution iodine has usurped the place of the mineral acids, and is given internally in all cases of typhoid fever. It is thought to lessen the troublesome gastric irritability so often present, and to diminish the number of evacuations from the bowels.

The following formula is usually employed:

R. Iodinii..... 1 drachm.
Potossii Iodidi..... 2 drachms.
Aq. Dest..... 10 drachms.

M. Three drops in wineglassful of water every three hours.

Lugol's solution, the liquor iodinii cómp. of the Pharmacopæia, may be used in doses of six drops every three hours.

The cold bath, quinine, and iodine, with close attention to the diet, and the exhibition of stimulants when indicated, constitute the main features in the treatment of typhoid fever. The cold, wet pack is occasionally substituted for the cold bath when the latter is not well borne.—*Med. Record.*

ASTHMA.

Dr. W. B. Furman says, in the *American Medical Weekly:*

The following remedy I can recommend as sure to quiet any paroxysm of asthma for a time, and in uncomplicated cases I am seldom called on to give more than one or two doses:

R. Sulph. Atropiæ..... 1 grain.
Aquæ Bullientis..... 7 drachms.
Dissolve and add Sulph. Morphiæ.....15 grains.

Sig. Use from six to ten drops hypodermically.

This preparation may, with the utmost safety, be used during the most severe paroxysms, and never fails to gratify the suffering victim, and satisfy the physician.

The above solution will keep indefinitely, with the addition of two drops of carbolic acid.

For the Medical Brief.

AN INTERESTING CASE OF BRONCHITIS AND DIPHTHERIA.

BY. L. G. DOANE, M. D.

During the month of October, 1876, I was called to see Walter Scott Dougherty; age, four years; born in New York city. He presented the following symptoms: the skin was feverish and dry, bowels constipated, urine scanty and hot, cervical glands of the neck swollen, and upon inspection of the throat, the left side and under was covered with a whitish membrane, but the right side of the air passages were free. Upon listening with stethoscope, mucous rales could be distinctly heard upon both sides, but no crepitant rales could be distinguished upon inspiration. He had a cough, and expectorated a white colored sputa, but no catarrh was present. He complained of a severe headache, and his mother said he had had convulsions the night previous, which probably arose from the feverish condition. I prescribed

R. Fl. Ext. Taraxicum..... 1 drachm.
Fl. Ext. Sennæ..... 1 drachm.

To be taken at one dose.

R. Chlorate Potash..... 1 drachm.
Aq. Bull..... 1 ounce.

Teaspoonful every hour.

R. Tr. Ferri Chlor.

Ten drops to be given three times a day.

The patient is now free from dangerous symptoms, but complains of slight soren ss of the throat.

This case is interesting, as presenting the complication of bronchitis and diphtheria; but as all the symptoms of bronchitis will be alleviated if one symptom (the fever) is broken, we had better give refrigerants for that symptom, and will find excellent results if we use the chlorate of potassium, in ten or twelve grain doses, dissolved in water, or in a "cachet," as it is now largely used. Bronchitis is a result of exposure to cold; Diphtheria, the result of a vegetable growth of miscrosopical character. Bronchitis is a fever of the mucous membrane; Diphtheria, the result of specific growth. It is seldom membranes form upon a mucous, and it is extremely seldom two diseases, like bronchitis and diptheria, are found at their height in same case.

For the Medical Brief.

ED. MEDICAL BRIEF: Two recent cases—young children—have Phtheiriasis.

Their eyebrows were thickly infested, and the lashes of both eyes were gemmed with the disagreeable pest—P. Pubis.

From the biting of the insects, and the rubbing of the children, considerable irritation of the eyelids was produced. It not being desirable, if possible, to employ the usual remedies to the swollen, sensitive lids, I had recourse to the following neat and effectual remedy, which was applied with a camel's hair pencil. This remedy destroys both insect and ovum:

R. Oleate of Mercury (5 per cent. Hydrg),
Oil Bergamont or Oil Rose, q. s.

GEO. V. SKIFF, M. D.

NEW YORK, Dec. 11th, 1876.

NOTE ON HYDROBROMIC ACID.

BY J. MILNER FOTHERGILL.

I have just perused, with satisfaction, the remarks of Dr. McLane Hamilton, on this useful therapeutic agent. His cases are very illustrative of its action. A friend told me the other day that he had prescribed it for the nervousness and flushings of the change of life with excellent effect.

I may add that it is most useful in that form of excitable neurosal palpitation found in women, along with general nervousness. In such cases, given with quinine, and, in some cases, a small dose of digitalis, where the heart is weak, it produces the most satisfactory results.

It also forms part of a really charming cough mixture, efficient as well as palatable. The formula is as follows:

R. Sp. Chloroform..... 20 drops.
Hydrobromic acid..... 30 drops.
Syr. Scillæ..... 1 drachm.
Aq. ad. ter in die..... 1 ounce.

The dose, of course, is reduced for children. Any other acid in this mixture is very agreeable, but the hydrobromic acid, from the effect of bromine upon reflex mechanism, allays the cough often so troublesome. It possesses much the same action as opium, without the ill effects upon the digestive organs or on the bronchial secretion.—*Med. Times.*

EMPLOYMENT OF TANNIC ACID INJECTIONS IN TUMORS.

The uselessnesss of injections of alcohol into cancerous tissues, decided Dr. Schwalbe to employ tannic acid in these cases. This acid possesses the property of destroying the cancer-cells, and favoring absorption of the products. The author has attempted the use of this substance in injection into various tumors, and he has seen a malignant lymphoma of the neck diminish considerably under its influence. A tumor as large as a hen's egg, implanted upon the periosteum of the lower jaw, and the development of which had been very rapid, necrosed quickly under the influence of these injections, and soon fell off.—*Ger. Med. Chirurg.*

COLLODION FOR FRECKLES.

The following preparation is recommended as being effectual and harmless:

One gram of sulphocarbolate of zinc is reduced to a very fine powder, and then incorporated by trituration with one gram of essence of lemon (or other flavor); 5 grams alcohol, and 45 grams of collodion.

A PERMANENT SOLUTION OF CITRATE OF MAGNESIA.

Jennings' Carbonate of Magnesia	4 ounces.
Citric Acid	8 ounces.
Oil of Lemon	25 drops.
"A" Sugar	14 ounces.
Water	q. s.

Drop the lemon oil on a four-ounce square of carbonate of magnesia, scrape it, and put it together with the citric acid and six parts of water, into a wide-mouth bottle. In the course of a few hours (over night), the solution will be effected. Add the sugar, dissolve it by frequent agitation, filter through paper, and divide the clear liquid into twelve suitable bottles. Lastly, these bottles are to be nearly filled with filtered water, and to each of them is added, immediately before corking, forty grains of chemically pure bicarbonate of soda.—*Druggists' Advertiser.*

COLD INFUSION OF GREEN COFFEE IN GOUT.

Dr. Monchaux communicates to *L'Abeille Medicale* his experience in the use of cold infusion of green coffee in the treatment of gout. He directs his patient to take a tablespoonful of green coffee, place it in a tumbler, half-fill the latter with water at the temperature of the atmosphere, and allow it to stand for twenty-four hours. In the morning the liquid is to be swallowed, an equal quantity of water added, and taken the following morning; thus the same quantity of coffee will serve for two doses. The liquid thus obtained has little savor; it is more or less distinctly green, according to the species of coffee employed. Dr. Monchaux does not explain the mode of action of the remedy upon the uric diathesis. He inclines to the belief that it acts against the effects of the disease rather than on the disease itself, and that, in order to prevent a recurrence of gout, it is only necessary to make a daily use of the remedy indicated by him. He observes that the remedy is an old one, and that, however difficult it may be to explain its precise action, the efficiency of the remedy is acknowledged. He had himself used it during three years, and with the result that his bi-annual attacks of gout had completely disappeared.—*The Doctor.*

LIQUOR ARSENICA BROMIDI.

Dr. Clemens has employed the following formula since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition, and uncertain in its action. This

solution becomes stronger with time, the chemical union of the bromide with the arseniate of potash becoming more and more perfect:

Arsenious Acid, powdered	1 drachm.
Carbonate of Potassa	1 drachm.
Bromine	2 drachms.
Water, enough to complete	20 ounces.

Boil the acid and carbonate together until the dissolution is effected; add enough water to complete the quantity, and the bromine when the mixture has become cold.

THE USE OF ERGOT IN TREATMENT OF PURPURA

Dr. L. Duncan Bulkley calls attention to the treatment of purpura by ergot, in an interesting paper, the principal points of which are as follows:

1. The treatment of purpura, as advised in the books, is ineffective and tedious in lighter cases, and insufficient to save life in many of the severe or hemorrhagic cases.

2. Ergot possesses a very decided power in contracting the involuntary muscular fibre, causes divided arteries to contract, acts upon the smaller arteries and capillaries, and has been proved a valuable arrester of hemorrhage in many affections.

3. In purpura, the action of ergot is very manifest, causing, when given in sufficient doses, an almost, if not quite, immediate cessation of the cutaneous and other hemorrhages.

4. The most effective method of administration of ergot is by hypodermic injection; and this means renders it peculiarly valuable in purpura hemorrhagica, where there is hematemesis, so that its administration by the mouth would be impossible, or in cases where the stomach would not tolerate it.

5. While ergotin, a purified, watery extract, has been advised by many, and has been found to act efficiently in many cases, its action is liable to be uncertain by reason of age or faulty preparation, and after dilution with water, it soon becomes inert.

6. Fluid extract of ergot may be administered hypodermically, undiluted, and without local accident, as abscess or inflammation, if care be exercised; and its effect is very prompt and certain.

7. Ergot may be thrown under the skin in any part of the body; the gluteal and shoulder muscles answer well, but the places to be preferred are about the pectoral muscles or at the sides of the chest, about half-way down.

8. Severe cases of purpura require the frequent repetition even of very large doses, whether by the mouth or by hypodermic injection; both methods may be combined.

9. Generally one or two grains of ergotin, or from ten to fifteen minims of the fluid extract hypodermically, once or twice a day, are sufficient; but the former may be safely increased to five grains, and the latter to twenty or thirty minims, and repeated as often as every hour and-a-half.

10. Larger doses relatively are required when given by the mouth, and their action, thus given, is more slow.

11. No fear need be entertained of any untoward effect; an ounce of fluid extract by the mouth, and seven grains of ergotin hypodermically, have failed to give rise to any unpleasant symptoms.—*Practitioner.*

CHLORIDE OF LEAD AS A DISINFECTANT.

This substance is highly commended by Dr. R. H. Goolden, of London, in the *British Medical Journal.* He says:

The advantage of the use of lead chloride, as I have prescribed it, viz: 36 grains of the nitrate of lead in two pints of water, and 120 grains of chloride of soda in three gallons of water, poured together and allowed to settle, is, that you get a definite saturated solution, easily made in town or country, wherever wanted, containing no more lead than is necessary to decompose fetid gas, not poisonous, for it cannot pass the bowels without being converted into a sulphide.

RADICAL CURE OF HYDROCELE WITH INJECTION OF CARBOLIC ACID.

Instead of the customary puncture and subsequent injection with tincture of iodine, which always produces pain and confines the patient to bed for some days, Prof. Huter has tried, and highly recommends an injection of carbolic acid, two per cent. In one case, there was no pain whatever, either during or after the operation; the patient took a walk immediately after, and was not confined to his house. On the fifth day there was no swelling nor tenderness, and the hydrocele could be considered cured.—*N. Y. Med. Journal.*

THE ASPIRATOR IN STRANGULATED HERNIA.

Dr. Lane reports a case of strangulated inguinal hernia, in which all attempts at reduction by taxis failed utterly until an aspirator was introduced and an ounce of serum with a large quantity of gas withdrawn. The hernia then slipped back at once into the abdomen. The case went on to entire recovery.—*The Lancet.*

BELLADONNA AS A CEREBRAL STIMULANT.

Dr. Theo. H. Jewett, in a paper before the Maine Medical Association, maintains that belladonna is not a simple narcotic only, as has been generally supposed, but a brain stimulant and tonic of the first order. It is the special and appropriate remedy for congestion and inflammation of the brain, or for the debility of which they are the results. It is also the remedy for many affections, congestions, inflammations, and perverted action of many organs, whose integrity is dependent upon a normal condition of the brain.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM BY CYANIDE OF ZINC.

This remedy was suggested by Luten, of Rheims, some time since. Lately, Deschamps has used it with success, and recommends it highly. He employs the following formula:

Zinci cyanid..... .....½ grain.
Pulv. acaciæ,
Sacch. lactis.....of each q. s.
Ft. in pill.....one. M.

To be taken to the number of ten in twenty-four hours.

OTORRHŒA.

Dr. Whitehead says in *Cin. Lancet:*

In the treatment of otorrhœa, cleanliness is of the first importance, for unless the parts are free from pus, medication will be entirely useless. The ear should be cleansed before each treatment, and this is most completely done by inflation with Politzer's method or the catheter, so as to drive the pus from the middle ear into the meatus, which may then be removed by in-

jections of warm water, with a hard rubber ear syringe. After the parts are thoroughly cleansed, most any of the astringents may be used. A solution of compound nitrate of silver, dropped into the ear morning and evening, and forced through the drum into the Eustachian tube and the throat, by pressing upon the tragis, as the patient swallows a few times, is often sufficient of itself, if continued a few weeks. Solutions dropped into the ear, and allowed to run out without reaching the seat of the disease, without passing into the cavity of the tympanum, will do no good whatever. A solution of nitrate of silver, sulph. of copper, sulph. of zinc, may be used instead of the compound nitrate of silver, or alternated morning and evening, as the case may require; and this treatment, if persevered with, I believe will cure most any case of suppurative inflammations of the middle ear, unless there are complications, such as polypi disease of the bones or a constitutional cachexia, which may require appropriate treatment.

SUCCESSFUL TREATMENT OF MENINGITIS.

In the *British Medical Journal*, Dr. J. Cross reports this case: A boy, aged six, had had persistent vomiting and headache for about a week before he was seen. The headache was paroxysmal, and so severe as to awaken the child from sleep; it was at first occipital, but afterwards frontal, and during the paroxysms, the brow was very contracted. There were strabismus and dilated pupils, but they were equal and fairly sensible to light. There was also great intolerance of light and sound. The abdomen was retracted, and the *tache cerebrale* could easily be produced. The pulse was irregular and weak, and occasionally intermittent, and the respiration unequal and sighing. Improvement took place steadily under hydrargyrum cum creta, in grain doses, at first every four hours, and afterwards three times a day, and two grains of iodide of potassium, with three grains of the bromide, thrice daily. When convalescence began, iodide of iron and cod-liver oil were administered. A curious feature of the case was that, when he was first able to get up and move about the room, he walked with a jerky, shuffling gait, and back bent almost double; but he eventually walked quite steadily and perfectly erect.

THE HYPODERMIC SYRINGE.

Dr. Saunders says: I will mention a few cases of a grave character where there is no *substitute* for the hypodermic syringe, and when valuable lives may occasionally be saved by it. In over-doses of opium or morphine, when the patient is insensible or incapable of swallowing, you may vomit by the injection of emetics or counteract the poisonous effects of either by the use of atropia (the antidote) hypodermically; and also in intoxication from alcoholic liquors, when the patient is entirely insensible.

In puerperal convulsions, when the patient is entirely senseless, utterly unconscious, and incapable of swallowing, we may bleed, give chloroform, and administer our remedies by enema with some advantage, but something is needed more *permanent* in its effect than chloroform to quiet the nervous system. Nothing answers so well in such alarming emergencies as morphia and atropia hypodermically.

In the *protracted* labor of delicate and feeble women, nausea and vomiting occur, the patient becomes exhausted, and the stomach rejects everything you try to give by the mouth. Apply your medicines under the skin, and you will perceive their good effects almost in an instant. You may give ergot in this way if you desire to aid the womb in expelling its contents, or morphia to quiet nervous excitement and produce rest. We not infrequently have hemorrhage following delivery, when the stomach will not receive kindly or the uterus respond readily to ergot. Apply this article under the skin, and you will have its controlling effects more speedily and with more certainty than by any other mode of administration. I would also recommend hypodermic medication in hemorrhages from the nose, bowels and bladder, in addition to the cases in which we obtain control and effect cure in spite of the stomach, as is furnished in the bloody complications of labor.

I have seen two or three cases of the most distressing asthma relieved almost instantly by the injection of morphia and atropine hypodermically, after many of the known remedies for that disease had been tried without benefit.

The preparation which I am in the habit of using, and which I constantly carry about me, is composed as follows:

Sol. Morphia Sul. (Magendie's).....1 ounce.
Atropia.....½ grain.

to which a little glycerine and two or three drops of carbolic acid may be added to keep it pure. Dose, from ten to fifteen drops, which is about half the minimum dose by the mouth. Why it is that the foregoing combination is better than either of the articles mentioned, when used separately, for the relief of pain, spasm or cramps, I do not pretend to explain. The morphia and atropia seem to be antagonistic in some respects and in harmony in others, one being the antidote to the other in poisoning doses. The combination in question nearly always relieves nausea and vomiting, which morphia *alone* often induces, especially when given by the mouth.—*Trans.* (*Ky.*) *Med. Society.*

TREATMENT OF SCARLATINA BY TINCTURE OF IRON.

Dr. Larrabee says: I am aware that in calling your attention to the treatment of scarlatina with iron throughout its entire course, I am not introducing anything new to the medical profession. The part which iron, and, possibly, other hematic or permanent tonics, may play in the system, is known to every student of medicine. The power which they exert in all diseases concerning the blood, to preserve the integrity of the vital fluid, is demonstrated at the bedside every day. Few practitioners of experience in this country would be beguiled into the treatment of pneumonia, typhoid fever and scarlatina, laid down by German authors in "Ziemsen." Whatever in the future may be discovered in regard to the nature of the contagion of this disease, one thing remains: this something is introduced into the blood through the organs of respiration or deglutition. Its presence in the blood produces important changes in the corpuscles, which produces also a change in the liquor sanguinis scarcely less important. I have used tincture ferri-chlorodi in solution, with syrup and water and with chlorate of potassium, in the epidemic of 1868, as in the present prevalence, with results so satisfactory that I do not feel inclined to change the treatment for any other. I claim for this treatment the following advantages:

First. That by maintaining a healthy condition of the blood, it prevents, as much as medicine can, the consequences which follow upon a depraved condition of that fluid.

Second. That it maintains here, as it does in erysipelas, an appetite throughout the course of the disease, which enables suitable nourishment to be digested.

Third. That this preparation of iron acts upon the kidneys, maintaining, by its diuretic and astringent properties, a free flow of urine.—*Trans.* (*Ky.*) *Med. Society.*

[For the Brief.]

SUB-NITRATE OF BISMUTH IN TYPHOID FEVER.

By J. Watson Stronach, M. D., New York.

Referring to the extract, which appeared in your December issue, from the *Gazette des Hopitaux*, recommending, upon the authority of Dr. Martineau, the administration of Bismuthi Sub-nitras in the hemorrhage of typhoid fever, I am gratified to find my own experience corroborated by the practice of so distinguished a physician.

During the past six months, I have had under treatment seven cases of the disease above named, and in all of these I administered the sub-nitrate of bismuth with excellent results. I did not, however, wait for the occurrence of intestinal hemorrhage, but as soon as the diarrhœa manifested itself I prescribed the following mixture:

R.	Potass. Chloras.....	½ ounces.
	Bismuth Sub-nitras.....	½ ounces.
	Tinct. Opii. Deod.....	2 drachms.
	Syr. Acacia.....	2 ounces.
	Aqua Cinnamon.....	6 ounces.

M. Ft. Emulsio.

S. From two to four teaspoonfuls as directed.

By the use of this remedy, which was given in quantity and frequency, according to the urgency of the symptoms, I found that the diarrhœa could be thoroughly controlled; and when given early and regularly in the disease, in no case did intestinal hemorrhage occur. Let me say, however, that while I have great confidence in the good effects of the bismuth in typhoid fever, I claim for chlorate of potass. an even higher role in the treatment of that disease. Its valuable cleansing and repairative properties upon denuded mucous membranes; its power of destroying diphtheritic and other allied poisons, and its excellent

therapeutic effects upon ulcerated surfaces, are widely acknowledged; and in addition to these, from a great number of practical tests, I have come to regard that salt, as a potent blood restorer, of a very high order.

With all these good qualities in its favor, I determined to try it in typhoid fever; and in every case its administration was attended with the very best results. Some of the cases in which it was used, in combination with the bismuth and opium (as in the formula given above), were extremely unfavorable, as regards the severity of the fever, its duration, the intestinal symptoms, and also as to the utterly insanitary surroundings of the patients; and yet all recovered in the most satisfactory manner.

I will not occupy the time of the reader by the enumeration of cases, but *one*, being of a rather unusual and complicated nature, may prove interesting. I refer to the case of a Mrs. F., age 29, who was laid down with the fever on August 18th. From the outset the diurnal variations were strongly marked, and every symptom threatened a severe attack. On the first of September (about the 14th day of the fever), the patient gave birth to an eight-month's child. This, however, did not interfere with the course of the fever, which continued in all its violence till the 7th of September; after which, it steadily declined, the temperature reaching its normal point about the 28th day of the disease. Considering the severity of the intestinal symptoms, the complication of premature parturition, a temperature varying from 104 to 105½ degrees during the second and third weeks, wretchedly inadequate nursing attendance, and the unhealthy and impoverished surroundings, I think the case would have been regarded as unfavorable by even the most sanguine physician. The mixture, formulated above, was taken steadily—the dose being graduated as directed. The only other medicines given were calomel, three doses of 8 grains each within six hours in the first week of the disease, and quinia sulphas, a few large doses, (40 to 45 grains, at one dose), followed by digitalis, when the fever reached its maximum. I found that with the mixture to control the bowels, and the quinia to keep down, or force down, the temperature, there was nothing else necessary to bring my patient through but judicious nourishment. The result justified the treatment, for the patient made a splendid recovery; and to-day is stronger and healthier than ever she

had been previously. The infant, born under such unfortunate circumstances, is a fine, healthy child. Let my professional brethren give the potass. chloras., bism. sub-nitras and opium a fair trial; and when their combined virtues in typhoid fever have been thoroughly and widely tested, let the results be communicated through your journal.

NEW YORK, December 16th, 1876.

Evansville, Indiana, Dec. 19th, 1876.

Editor Medical Brief:

In the "Materia Medica," by Prof. H. C. Wood, 1876, and in other works—this being the latest—I find the nitrate of lead recommended in onichia maligna. I have made inquiry in several drug stores in this city, and cannot find this preparation in stock.

I have had considerable experience in prescribing for this troublesome affection, and have found the sub-nitrate of bismuth quite as efficient and successful in the treatment of onichia, as the nitrate of lead could possibly be. If there should be any dead part of the nail, this should be cut away, and the bismuth sprinkled over the surface; indeed, as much may be applied as will remain on the diseased surface, and then pass a light compress around to hold it there.

The remedy acts as a disinfectant and detergent by absorbing the irritating secretions; and when it becomes saturated with these, should be scaled off, and a fresh application made.

In two or three days the slough separates, and a clean and healthy-looking surface appears. This remedy is of such general use, in a great variety of diseases, that it may be found in all drug stores.

J. W. COMPTON, M. D.

TO REMOVE FRECKLES.

The following is said to answer the purpose:

Sal-ammoniac (powdered)	1 drachm troy.
Distilled water	1 pint.
Eau de Cologne	2 fld. drachms.

Apply with the fingers, night and morning.

RHEUMATISM TREATED WITH SALICYLATE OF SODA.

Prof. Clarke treated eleven cases of acute rheumatism—all that occurred in his ward of Bellevue—with this drug. In nine of the cases there was early improvement following the use of the medicine. In two cases the amelioration was more gradual. The influence of the medicine in "lowering the fever heat and diminishing the excited pulse were as marked as its power to relieve pain."

The formula used in all the cases is as follows:

R	Acid salicylic	3 drachms.
	Sodæ bicarbonat	2 drachms.
	Glycerine	2 ounces.
	Aq.	2 ounces.

M. Sig. Tablespoonful every two hours for the first day, and afterward the same dose, six times a day.

No unpleasant effect of any kind was noticed after the administration of the medicine.—*Med. Record.*

Dr. Barker says: EROSION—or, when it is more extensive, it is called *excoriation* of the nipple—is a superficial wound of the skin, in which the derm is laid bare by the removal of the epidermis by nursing. Sometimes it produces little vesicles, one or more on the apex or sides of the nipple, which are broken off by sucking, and the scabs from which are again pulled off, and we have what the nurses call the *chapped* nipples. From this, results entire destruction of the derm; and we then have *ulceration* of the nipple. The surface is then of a bright-red color, granulated, and frequently swollen, and grooved in fissures. When such a condition exists, you can readily understand that the act of nursing produces intolerable suffering, to such a degree that patients have often told me that the pains of labor could be more easily endured. I have sometimes seen half of the nipple beveled off by this ulcerative process. But if you see the case sufficiently early, and treat it properly, and the nurse and the patient scrupulously follow your directions, the ulcerative process may always be avoided. In the early stage of erosion and excoriation, direct that as soon as the child leaves the nipple it should be very carefully wiped dry with a soft piece of linen, and then painted over, by means of a camel's hair-brush, with

the tinc. benzoin co. Brush it over three or four times, allowing an interval of a minute or two for each application to dry. This forms a kind of artificial cuticle, which should be renewed each time that the child nurses; and if it is possible to make the child nurse through it, direct that a nipple shield should always be used. Very good ones are now kept by our apothecaries generally; but in selecting one, be careful that its base is sufficiently large and elastic so as not to strangulate the nipple. The first application of the benzoin produces a little smarting and burning pain for a moment or two, but its renewal is not usually painful. If the ulcerative process has commenced, stop nursing from that nipple. There is no other way; and the more promptly you decide to do this, the more speedily will the nipple be cured; and very frequently, it is not necessary to suspend the nursing more than twenty-four or thirty-six hours. Empty the breasts by gentle rubbing only. This can only be done by tact and perseverance, although it sometimes requires ten minutes to get the first few drops.

Fissure or Crack.—At the base of the nipple occasions intense suffering, often I have thought quite as severe as the form of the sore nipple, that I have just described. It sometimes is so small that it only can be seen in good light by bending the nipple over to the opposite side. To cure it, pencil the bottom of the fissure with nitrate of silver, and then cover it with collodion; that is, the solution of gun cotton in sulphuric ether. If the fissure is not associated with the form of sore nipple that I have before described, or with the inflammation of the nipple that I am about to speak of, it is by these means cured speedily.

Inflammation of the Nipple, is sometimes a cause, and in other cases, a consequence of the preceding conditions, and the inflammation frequently extends to the areola. The nipple is conical, red, swollen and excessively painful. Apply a soft bread-and-milk poultice for a few hours, and then after the inflammation is so far subdued that nursing can be borne without much pain, use aq. rosæ, glycerin., of each 2 ounces; acidi tannic, 2 drachms; M. ft. lotio. I have described each of the above forms of sore nipples as distinct affections, but you should not forget that they may be associated, either two forms, or the three together, when the treatment must be modified or combined according to the special indications.

EFFICACY OF REVACCINATION.

Dr. Cuignet made the following statement at the Societe des Medecins du Departement du Nord: "With regard to the influence of revaccination as a preservative against small-pox, I will direct your attention to the quite special condition in which the soldiers of the Guard of Paris are placed in this respect. There is not a corps in the entire army in which revaccinations have been so frequently and carefully performed; and during seventy years no case of variola has been met with among them, in spite of the epidemics which have on several occasions decimated the populous quarters of Paris. In Algeria, where vaccination is rare, and revaccination rarer still, small-pox gives rise to considerable disasters."

SIMPLE REMEDY FOR BURNS.

Common whiting mixed with water to the consistency of a thick cream, spread on linen, forms an excellent local application to burns and scalds. The whole burnt surface should be covered, thus excluding the action of the air. The ease it affords is instantaneous, and it only requires to be kept moist by occasional sprinkling of cold water.

[For the Medical Brief.]

A CASE OF TINEA CIRCINATUS (RINGWORM) SCALD HEAD.

By Luigi G. Doane, M. D.

J. W., a policeman, aged 35 years, consulted me in reference to two round or circular growths upon the neck, one above the other, the under one being about the circumference of a five-cent nickle coin, the upper one being a little smaller. The circular growths were dry with the exception of a few vesicles, but not enough in number to justify me in calling the disease Herpes Circinatus. I prescribed the following ointment, which healed them, leaving a smooth skin, without any scar behind. In looking over works upon diseases of the skin, we are informed:

That Tinea Circinatus occurs upon the head and face;

That it can be known by the dry character of the eruption and want of vesicles;

That the microscope shows it to be a parasitic disease, due to Trichophyton Tonsurans. Dr. Tilbury Fox called it a species of Herpes Circinatus; but the other authorities pronounce it *a distinct disease from Herpes Circinatus.* It is probably caused by filth and contagion. The ointment recommended in this case was:

R. Iodine Crystals..... 30 grains.
Tannin (pulverized)..... 30 grains.
Unguentum Simplicis..... 1½ ounce.
M. Et. Fiat Unguentum.
S. Apply at night, and let it remain till morning, washing it off with the following solution:

R. Sodic Bi-carbonate..... 3 drachms.
Uqua Fontanis..... 1 pint.
M. Fiat Solutio.
S. To be used in the morning after the application of the Iodine ointment.

Dr. Wood, of New York, uses, or did use, a strong solution of the nitrate of silver and water.

Tilbury Fox recommends borax, acetic acid, mercuric bi-chloride, spirit of nit. æther. I think the above ointment and solution will prove eminently satisfactory, if a fair and thorough trial be given them.

[For Medical Brief.]

An article in your recent number, on the Mono-Bromide of Camphor, called my attention to two cases of spermatorrhœa, which came under my care within the past three months, the subjects being old masturbators, at respectively 19 and 21 years. Had administered a host of the usual remedies, with no satisfactory results; finally, placed them upon the Mono-Bromide of Camphor, in 2 to 3-grain doses, four times daily, with prompt effect and perfect cures. Deem this remedy as especially adapted to old standing cases, where the seminal emissions are dependent upon a morbid and relaxed condition of the generative organs. Respectfully,

L. J. FOGEL, M. D.

December 18th, 1876.

☞As the subscriptions of a large number of our subscribers expire with this issue, we beg leave to call their attention to the fact, and ask a prompt renewal. The present volume, which will run through the year 1877, will be an improvement on its predecessors; the December number will contain not only an alphabetical index of contents of the MEDICAL BRIEF during the present year, but also a separate index of diseases.

BOOK NOTICES.

A CONDENSED SYSTEM OF BOOK-KEEPING FOR THE USE OF PHYSICIANS, DESIGNED WITH DIRECT REGARD TO PLAIN AND SIMPLE ARRANGEMENT, AND SAVING OF TIME, LABOR AND EXPENSE. By D. L. Everett, M. D., New York. Beckett & Bradford.

The arrangement of this book renders the physician's labor of book-keeping, posting and bill-making simple, plain and easy, and takes only a small part of the writing, time, space and work usually required. Address, Dr. D. L. Everett, 39 Madison St., Brooklyn, N. Y.

TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY. TWENTY-FIRST ANNUAL SESSION. 1876. 162 pages.

Contains several interesting and valuable articles by members of the society.

THE STUDENT'S GUIDE TO DENTAL ANATOMY AND SURGERY. By Henry Sewill, Member of Royal College of Surgeons and Licentiate in Dental Surgery; Dentist to West London Hospital, etc. Philadelphia: Lindsay & Blakiston. 1876.

A valuable book for the general practitioner, who is in want of a practical manual, relating especially to diseases of the teeth.

THE ANATOMY OF THE HEAD, with six Lithographic Plates representing frozen sections oi the head. By Thomas Dwight, M. D. Boston: H. O. Houghton & Co. New York: Hurd & Houghton. Cambridge: The Riverside Press.

This volume seems to be a carefully-written work on the anatomy of the head; and must be exceedingly useful to surgeons and others who wish to advance their knowledge of topographical anatomy.

SULPHATE OF CINCHONIDIA: A SUBSTITUTE FOR QUINIA, Paper read before the Kentucky Medical Society. By J. W. Compton, M. D., Professor Materia Medica Evansville (Ind.) Medical College. Reprint.

The Doctor not only has a high opinion of Sul.-Cinchonidia, but he also believes in giving new remedies a fair trial, as the best means of advancing our knowledge of Therapeutics.

IODIA.

Letter from Dr. Chas. E. Davis, of Chicago.

Chicago, Ills., Dec. 14th, 1876.

Messrs. Battle & Co., St. Louis, Mo.

Gentlemen:

My experience with "Iodia" is getting to be quite extensive; but I can only hope in this communication to summarize my experience with it, by saying, that I have used it *until I am satisfied* that, in all stages of Syphilis and Scrofula, and in all pustular diseases, dependent upon a vitiated condition of the blood, *it has no equal.* Did time and space permit, I could give you special cases in which its action was simply astonishing. One case of Scrofula—*the worst I ever saw*, of *ten* years' standing, during eight years of which it had treatment by the best physicians here and elsewhere, with only very temporary benefit—is yielding rapidly, after less than three months' use of it. This case is really a great marvel, for one can hardly conceive of a *living* being in its condition. I have also used "Iodia" with marked benefit in Uterine disease, irritable Uterus and Chlorosis. I regard it with me as much a *standard remedy* as Opium or Quinia. I see in it the best road away from the abuses of mercury; and the quicker the profession know it, the better for the people.

Yours Truly,

CHAS. E. DAVIS, M. D.

60 N. Clark street.

IODIA AS AN ALTERATIVE AND UTERINE TONIC.

BY WM. E. MUNIE, M. D

After a thorough trial of the preparation, I can cheerfully add my testimony as to the value of "Iodia," as an efficient Alterative and Uterine Tonic. That it is pre-eminently superior to all other remedies as an anti-syphilitic, there is not the shadow of a doubt in my mind, being fully satisfied that, when it is properly and continuously administered, it will eradicate the most inveterate Syphilitic taint from the system without the aid of any other medicine. It is, perhaps, of equal efficiency in the treatment of Scrofula and Cutaneous Diseases, although I have not (personally) had the same opportunities of testing it in those affections as I have that of Syphilis. I have been fortunate enough to have had considerable experience with it in the treatment of diseases peculiar to females, as Uterine Engorgements, Ulcerations, Leucorrhea, etc I have been more than gratified with its action in these cases; in some instances, I have been surprised and delighted, to such an extent, that I have perhaps exhibited more enthusiasm over it than becomes an old practitioner like myself, who has been uninterruptedly in practice for thirty-four years. It may be thought that I have too high opinion of the Therapeutic worth of Iodia. *I am satisfied that such is not the case*, for I know how highly it is appreciated by others who are acquainted with its peculiar virtues; besides, my opinions are based upon large experience with it. In Dropsy, it has in my hands proved of marked value. Of course, it must operate in a general manner as a powerful resolvent. It restores the appetite, improves digestion, absorbtion and depuration, and thus improves the quality of the blood and the tone of the whole system. But aside from this, it undoubtedly *has an especial influence* over the organs of generation—acting as a powerful Uterine Tonic, which will account for its utility in Uterine diseases.

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"This valuable publication continues to make satisfactory progress, and maintains its usual standard of excellence. We are glad to see that it has been received with great favor in England, where the well-known London house of Macmillan & Co., publishers of *The Practitioner*, and of *Nature*, have undertaken its publication."—*American Journal of Microscopy*, New York.

"It is so admirable in design and careful in execution, that it merits unusual attention from the profession. . . . The photographs are in the highest style of the art; and when we add that the text is prepared under the supervision of Drs. Hunt and Richardson, we have said enough to guarantee its lucidity and authority."—*Medical and Surgical Reporter*, Philadelphia.

"They are well executed, and the work bears evidence of great labor. . . . We wish the authors the success they deserve."—*Canada Lancet*, Toronto.

"The work is well-executed, and being comparatively a new method, we may look forward to considerable improvement. To a person who has not the time to devote to the preparation of objects, it is of great value. It is not expected, in such a work, to distinguish with the same exactness obtained by direct microscopical observation, any more than a photograph can give every expression of the human countenance. It will serve its purposes admirably well; and we cheerfully recommend it to our readers."—*Journal of Medicine and Surgery*.

"They are really very beautiful, and the letter-press concise, and to the point. To physicians who cannot devote much time to the microscope, this publication will be very valuable."—E. PLAYTER, M. D., editor of the *Sanitary Journal*, Toronto, Canada.

"Number five of this admirable publication has reached us. The publishers certainly did not put out the best first; each number seems to be superior to its predecessor. The last is exceedingly beautiful."—E. PLAYTER, M. D., editor of the *Sanitary Journal*, Toronto, Canada.

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It may be given in all cases when cod liver oil may be suggested, associated with it, and forming a convenient and agreeable vehicle for the administration of the latter, and will be found to largely promote the efficiency of the oil. In cases which require iron, the pyrophosphate may be dissolved in it in quantities to suit indications.

Each fluid drachm contains Phosphorus, $\frac{1}{100}$ gr.—Iodine, $\frac{1}{8}$ gr.—Bromine, $\frac{1}{8}$ gr.

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FIRWEIN IN BRONCHITIS.—"I have tried it in several cases of *Bronchitis and Incipient Pulmonary Consumption* with the best results. I regard it as an expectorant, diaphoretic and tonic. Its specific influence on the lungs is marked, by increasing the expectoration and lessening the frequency and severity of the cough. It is certainly another valuable addition to our therapeutical list." S. R. NISSLEY, M. D.

FIRWEIN IN CHRONIC BRONCHITIS.—"I have recently treated a case of Chronic Bronchitis, with the most marked results. I was really astonished to see such quick response from the Firwein. I deem it a good expectorant, diaphoretic and tonic."
A PHYSICIAN IN WISCONSIN.

FIRWEIN IN BRONCHITIS AND CONSUMPTION.—"Some five or six weeks since I sent to you for some of your FIRWEIN. I wanted to try it in the case of my only son. He had been sick with congestion of his right lung, which rapidly hepatized; all thought as well as myself that he would soon die with quick consumption. I immediately put him upon the Firwein, and Cod Liver Oil and Lime. His cough has stopped entirely, and he is gaining flesh and strength rapidly. I attribute his cure to this treatment. All are surprised to see him gain so rapidly, and you may rest assured I am greatly pleased."
Dr. LEANING.

DR. LEANING writes Jan. 31st, 1876.—His son is improving finely. Did not gain much until he added the Firwein; under this he has gained nine pounds weight in three weeks. Other patients are doing well. He has given it in another case of pleura-pneumonia, equally severe, and is doing well.

DR. LEANING writes March 20, '76.—"My son has so far recovered that he goes out when and where he wishes, and has gained flesh rapidly since he commenced taking Firwein and Oil and Lime. For some weeks he has only taken the Firwein, and both he and I think it is doing him so much good that it cannot be dispensed with. "I have given it in another case of Asthma and Bronchitis with the best results."

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Vol. V. ST. LOUIS, FEBRUARY, 1877. No. 2.

CATARRHAL PNEUMONIA OR CAPILLARY BRONCHITIS.

Dr. Cook says: The term catarrhal pneumonia, in my opinion, has caused much confusion in the minds of medical men, and especially those who have indefinite ideas as to physical signs, and what they indicate.

In catarrhal pneumonia, or more correctly speaking, capillary bronchitis, the patient generally has a common cold, which passes down to the ordinary bronchial tubes; and, finally, when the inflammation extends to the minute tubes, there is great danger of death from asphyxia. This is the complication which destroys so many patients with measles and children with whooping-cough. The disease is always bilateral. The pulse frequently beats one hundred and fifty or more per minute. The respiration may be fifty in the same length of time. The fever, though present, is not so well defined and dangerous as in croupous pneumonia. Cyanosis soon manifests itself, if the malady runs an unfavorable course. It will be observed that there is a striking difference between the symptoms of croupous pneumonia and

catarrhal pneumonia. Other prominent distinctions must be mentioned. The product of croupous pneumonia is lymph; that of catarrhal pneumonia, *serous in character*, in which there is proliferation of epithelial cells. It is conceded by all medical writers of the present, that the crepitant rale in croupous pneumonia is due to plastic lymph in the air-cells, and the closure and separation of their walls during respiration. But in catarrhal pneumonia there is no lymph; therefore, there can be no crepitant rale in this form of the disease. However, Juergensen says the physical sign which specially characterizes catarrhal pneumonia is the sub-crepitant rale. This I fully indorse. But when I do so, I must conclude that it is significant of capillary bronchitis, for it is the physical sign of this complaint, when pulmonary tuberculosis, hæmoptysis and œdema of the lungs are excluded.

With regard to the treatment of capillary bronchitis, the stage of the disease should be carefully considered. In the stage of excitement, sedatives should be used, but when exhaustion shows itself, sustaining measures must be our main dependence. When the patient is seen early, veratrum will do great good in allaying excitement. The virtues of quinine cannot be too highly recommended. Ipecac and ergot come in as adjuvants. Opium must be given with circumspection, on acc unt of the danger from coma. Active measures are demanded to meet the onward march of the disease, arrest morbid actions, control pathological conditions, and restore the patient. The following would make a proper combination:

Verat. Tinct.....	32 drops.
Quiniæ Sul.....	40 grains.
Syrup Ipecac.....	1 ounce.

Mix. S.: Teaspoonful, from two to four hours.

Small doses of opium, to quiet restlessness, may be administered. But when there is danger from exhaustion, half an ounce of whisky, with five grains each of quinine and carbonate of ammonia, every hour or two, may save the patient. Ammonia may with propriety be added to the first mixture. While remembering the stage of the disease, we must treat its pathological state.—*Trans.* (*Ky.*) *Med. Society.*

SULPHO-CARBOLATE OF SODIUM IN DIPHTHERIA.

Dr. Greenamyer says in *Med. and Surg. Reporter:*

I attribute great value to its use, having exhibited it with

marked success in about twenty cases, and I may justly say that I have never used it without good results. With sulpho-carbolate of sodium, glycerine, and dilute carbolic acid, whisky and milk, and warm inhalations, I have cured cases of diphtheria, which, judging from their severity, would have proved certainly fatal under the old plan of treatment. I think it a remedy which deserves investigation.

[For the Brief.]

REMEDY FOR BOWEL AFFECTIONS.

R. Powd. Rhei	2 drachms,	
Sul. Potass	2 drachms.	
Bicarb. Soda	2 drachms.	
Acid Salicylic	1 drachm.	
Powd. Cloves	1 drachm.	
Aqua Bulliens	8 ounces.	Mix.

The above is an efficient remedy for all forms of cholera morbus or diarrhœa, in either adults or children. Dose for adults: one tablespoonful every hour or two; for children with summer complaint or teething diarrhœa, the dose is from a half to one teaspoonful every hour until the discharges assume a healthy appearance,

DON ROY, M. D.

CHROMIC ACID FOR WARTS.

L' Union Médicale says that three or four applications of this acid will cause the disappearance of warts, however hard, large, or dense these may be. The application gives rise to neither pain, suppuration, nor cicatrices, the sole inconvenience being the production of a dark-brown color.

ERGOT IN DIABETES INSIPIDUS.

Having a case of this disease on hand, we at once put him on the fluid extract of ergot, teaspoonful every three hours. The patient was a carpenter of good habits. He had noticed a marked increase in the amount of urine passed, for a number of months. His appetite was failing, he was getting weak and melancholy, and was losing flesh. His urine was clear, no casts or albumen, specific gravity, 1004. On measuring the amount of urine passed in twenty-four hours, it was found to exceed four quarts.

Immediately on taking the ergot, there was a decided diminution in the amount of urine secreted. The frequency of his calls to the water-closet became steadily less, until reduced to the normal. His appetite and strength returned, and his flesh was restored.

The treatment was continued for about a week, and then omitted. The urine becoming increased, the prescription was again filled. This was repeated a second time. It is now nearly two months since the last dose of ergot was taken, and the patient seems as well as ever in his life.—*O. Med. Recorder.*

[For the Brief.]

SOLUTION OF IODOFORM.

BY WM. R. SMITH, M. D., CAIRO, ILLS.

R. Carbon Bisulph..... 1 ounce.
Iodoformi..... 40 grains. M.

This is an excellent application for chancroids and indolent ulcers, to be applied once daily, with camel's hair-brush.

GONORRHŒAL AFFECTIONS OF THE TESTICLES.

Dr. Mulreany says in *Med. aud Surg. Report:* Mr. M., aged about thirty-four years, married, and the father of several children; was seen on the 4th of April, 1873, when he informed me that he had been confined to bed for over a week, with inflamed testicle, and that he had had a physician attending on him.

Upon examination, I found him laboring under acute clap and orchitis of the left testis, presenting the usual symptoms. I merely mention that vomiting was present. He carried on a large commercial business in this city, and employed many workpeople. Independent of his suffering, he was very anxious to return to the supervision of his business. I assured him that he might calculate on being able to do so on the following day, if he persistently carried out my instructions, which were as follows:

The enlarged and very painful testicle to be fomented every hour with hot water, and between times a bag of hot dry bran to be placed over the scrotum, and to take the following prescription:

R. Antim. Potass. Tart..... 8 grains.
Tinct. Opii..... 2 drachms.
Mist. Camphoræ ad..... 8 ounces.
M. Sig.—A tablespoonful to be taken every one, two, or three hours, with a teaspoonful of epsom salts in every second dose, till the bowels acted freely.

On the following day he was free from pain, the orchitis much reduced, and, with the aid of a suspensory bandage, he visited and remained for several hours in his place of business.

The antimony, instead of increasing the irritation of the stomach, absolutely suppressed the vomiting, and, although backed up as it was by the epsom salts, failed to purge. I now ordered him to continue the mixture three times a day for two or three weeks. I gave him a strong calomel and jalap cathartic; advised the frequent use of warm fomentations; to take from three to six capsules of balsam copaiba every night; and to use, as often as possible, an injection of half a grain of the sulphate of zinc, to one ounce of water. I see this patient frequently, and not a vestige of the hernia humoralis remains.

Such has been my treatment for the past twenty years; and I have found it in every respect satisfactory. I do not recollect an instance in which the slightest enlargement remained. During the most acute stage, I continued to use the weak zinc injection, and inject it warm if at all convenient.

Now, a reason for this line of treatment may be asked for: I have not to go out of my way to find one. I look upon acute gonorrhœal testitis as a congestion of the tubuli seminiferi, causing the severe pain by the forcible distention of the tunica albuginea. There is no pretense to phlegmon here, no plastic lymph, no chance of abscess. The antimony relieves this engorgement. Any one who has seen the metastasis of cynanche parotidæa (mumps) to the testes, will apprehend, but in a minor degree, what gonorrhœal orchitis amounts to.

LEAD POISONING.

Dr. Pepper says in *Med. Times:*

The treatment of this affection has several points in view: First, the removal of lead from the intestinal canal; second, its elimination from the tissues; and third, the treatment of special manifestations.

For the removal of lead from the intestinal canal, we shall

give the sulphate of magnesium with dilute sulphuric acid. This converts it into an insoluble salt, and acts also as a purgative. Internally, to eliminate the lead from the tissues, we shall give the iodide of potassium in full doses. This forms the iodide of lead, which is excreted by the skin and kidneys. With regard to the treatment of special symptoms, if you have severe colicky pain, it must be relieved by anodynes or anæsthetics. The following is a preparation which acts well:

R. Ext. Colocynth. Comp..... 2 grains.
Ext. Opii..... ½ grain.
Ext. Belladonnæ..... ⅛ grain.

This pill repeated until the pain is relieved and the bowels opened.

The palsy may be relieved by the internal administration of strychnia, and locally by the application of the faradic current to the affected muscles.

The anæmia is best treated by iodide of potassium and the salts of iron.

SWEATING FEET.

The following is recommended by Hager:

Burnt Alum..... 5 drachms.
Salicylic Acid.....2½ drachms.
Wheat Starch..... 15 drachms.
Powdered Talc..... 50 drachms.

Mix thoroughly. To be dusted on the feet and in the stockings.

[For the Brief.]

ANASARCA.

The following formula I have found to act like a charm in severe cases of anasarca:

R. Elaterium.....1½ grain.
Digitalin.....1½ grain.
Podophyllin..... 6 grains.
Calomelas Sublim..... 18 grains.
Mix. Ft. pulvis No. 6.

Take one every six hours till it operates well.

R. H. G. SEYMOUR, M. D.

PHOSPHIDE OF ZINC.

Phosphide of zinc is a well-defined body, gray, friable, not easily altered in moist air, and readily decomposed by the acids

of the stomach into a harmless zinc salt and gaseous phosphoreted hydrogen, which exerts the same action on the system as phosphorus dissolved in oil. Owing to these properties, it has been suggested as a substitute for phosphorus in solution. It is prepared by passing the vapor of phosphorus over zinc, heated to ebullition in a current of dry hydrogen. It may be administered in pills or in powders, each containing one sixty-fourth of a grain of active phosphorus in the following manner:

PILLS OF PHOSPHIDE OF ZINC.

Phosphide of Zinc..... 12 grains.
Powdered Extract of Liquorice..... 20 grains.
Syrup of gum. sufficient to make one hundred pills.

POWDERS OF PHOSPHIDE OF ZINC.

Phosphide of Zinc..... 6 grains.
Starch or Sugar..... 75 grains.
Mix and divide into fifty powders.

The dose is one pill, or powder, per day, gradually increased to two, three, or even five, their use being omitted for a few days, when they cause vomiting or diarrhœa.

PILL FOR CHRONIC CONSTIPATION.

R. Res. Podophylli..... $\frac{1}{8}$ grain.
Ext. Belladonnæ..... $\frac{1}{12}$ grain.
Ext. Nucis Vomicæ..... $\frac{1}{4}$ grain.
Aloe..... $\frac{1}{2}$ grain.
Ol. Cajuputi..... 2 drops.
Ft. pil. One. Sig.—Take one three or four times daily.

APOCYNUM CANNABINUM IN ANASARCA.

A few days since we were called to see a young lady suffering from a rather acute attack of anasarca. The soft parts of the face were so much tumefied that the eyes were nearly closed, while the limbs and arms were considerably enlarged, especially the feet and hands. An infusion of apocynum, one ounce to the pint, was directed to be taken in wineglassful doses every two or three hours, until a mild diarrhœa was produced, which was to be maintained by smaller doses. Although the directions were not fully complied with, yet in forty-eight hours not a vestige of the tumefaction was discernible. The remedy not only caused the bowels to act freely, but urged the kidneys to vigorous action, and caused such profuse perspiration that the underclothing was made quite wet.—*Med. Times.*

ORANGE SYRUP.

Take of the juice of oranges, No. 5.
Oil Orange, fresh.....20 minims.
Citric Acid.....½ ounce.
White of egg, No. 1.
Simple Syrup..... 7 pints.
Water, q. s.

Dissolve the acid in the strained orange juice, add the syrup, then the oil, and lastly sufficient water to make one gallon, and mix the whole thoroughly.

TREATMENT OF CARBUNCLE BY BLISTERS.

M. Jules Guerin, in a communication to the Academie de Medecine, says that the most efficacious mode of cutting short the progress of a carbuncle and hastening its cure, is to cover the whole of the inflamed part with a large blister, having a hole in its centre to admit of discharges. The blister must be continued on until complete vesication has taken place, and any portion of the carbuncle over which this has not done so will remain hard and resistant. When the blister has taken effect, the pain is at once relieved, and the redness and resistance of the tumor disappear, and it becomes benign and inert, its enucleation proceeding under the use of ordinary means, without the aid of the bistoury. When, after the discharge of its contents, a deep excavation remains, it is useful to apply to the walls a solution of nitrate of silver, with the object of obliterating the open vascular orifices, and impeding the absorption of the diseased liquid. —*Gaz. des Hop.*

CAMPHORATED ETHER IN ERYSIPELAS.

According to Cavazzani, a preparation consisting of camphor and tannin, of each one part, and ether eight parts, is an excellent application in erysipelas. It is also very efficacious in burns, the heat disappears rapidly, and blisters do not form. It should be applied every three hours.

GELSEMINUM AND QUININE IN AGUE.

In the ordinary treatment of ague, many physicians use gelseminum associated with quinine, where there is evidence of an excited nervous system. The flushed face, bright eyes, contracted pupils, increased heat of the scalp, restlessness and irritability, are the common symptoms indicating it.

SPINAL IRRITATION.

Dr. Hammond's method of treatment of spinal irritation harmonizes with his pathological notions; it consists essentially in measures to improve the body, nutrition, and the tonus of the spinal vessels. Counter-irritation to the seat of spinal tenderness seems to be his uniform practice. He applies the actual cautery, but "blisters are, upon the whole, the best form (of counter-irritant.") The following is a combination for internal administration, which he advises:

R. Strychniæ Sulph..... 1 grain.
Quiniæ Sulph..... 1 drachm.
Ferri Pyrophosphat..... 1 drachm.
Acidi Phosphor, dil..... 2 ounces.
Syrup Zingiberis..... 2 ounces.
M. ft. sol. Dose—a teaspoonful three times a day, in a third of a tumbler of water, after meals.

It should be taken persistently for a month or more. He also advises the use of opium—one grain morning and evening. He sometimes uses picrotoxine, but he concludes that physiologically and therapeutically this drug corresponds very closely to strychnine. For the obstinate vomiting which sometimes brings the victim of spinal irritation near to death's door, he advises the valerianate of caffein—three to five grains as often as may be necessary. He enjoins, in this connection, the administration of *hot* rather than cold drinks. "Warm liquids are more apt to be retained than cold ones . . . I have very frequently, with great advantage, substituted drinks as hot as could be swallowed for the ice-cold fluids that had been ingested only to be promptly vomited."

PERTUSSIS.

Dr. Forcheimer says in *Cin. Clinic:*

Quinia, when properly used, is capable of cutting short nearly any case of pertussis, especially if it be taken in hand early enough. *I refer here to the method of giving quinia by insufflation.* For this purpose, a laryngeal insufflator is used, it matters not what kind—this is introduced, and three or four of the powders, the formula for which follows, are blown daily into the larynx, but especially upon the epiglottis and surrounding mucous membrane:

R. Quiniæ Sulphatis.....20 grains.
Sodii Bicarbonat.....20 grains.
Pulv. Acaciæ.....20 grains.
Mix. Make pulv. No. 10.

When this method is used as described, according to my experience, no cases withstand. Quinia internally is praised, and certainly does benefit a great many cases, but its efficacy, when used in this way, can not be compared with its efficacy when used by insufflation.

CHLORAL AS AN EXTERNAL APPLICATION.

Wm. Craig, Lecturer on Materia Medica, Edinburgh, states that he has tried extensively a lotion of five to fifteen grains of chloral to the ounce of water, and found it an excellent dressing to ulcers and wounds. He says further:

"I also used chloral solution as an injection into the sacs of large abscesses, and found that it tended much to diminish secretion and make the parts heal. I found it also a useful lotion for the eye in inflammatory conditions of that organ. It is an excellent application to burns, and very specially where there is a fetid discharge. I also found it a good application to remove warts from the hands and fingers. I used for this purpose a lotion containing fifteen to twenty grains to the ounce of water, applied by means of lint and gutta-percha. It causes no pain, and the wart speedily becomes smaller, and gradually disappears.

TYPHOID FEVER.

The profession should learn at least two things about typhoid fever. Of course, the majority of physicians do not seem to be able to diagnose a typhoid fever; or this might be corrected by saying that they diagnose all unpleasant fevers as typhoid. If we say that typhoid fever is *continued*, never *periodic*, having a duration of twenty-one days, and is characterized by a specific affection of Peyer's patches, we will have the diagnosis in a nut-shell. But what I want to say now, and I want to say it with emphasis, is, that two things must be avoided in the treatment of this fever, and these two things are large doses of quinine and cathartics.

Quinine and cathartics are good in their place, but the place is *never* typhoid fever.

The assertion is borne out by the best testimony in the profession, *that quinine in antiperiodic doses* will neither arrest nor mitigate the symptoms in typhoid fever, and not only can it do no good, but it is sure to do harm. I can recall case after case in which patients suffered the most fearful tortures from its use, in the over-stimulation of the nervous system, causing restlessness, uneasiness, sleeplessness, delirium, pain.

You may kill your typhoid patient with cathartics—hundreds and thousands are killed in this way. Disease of the lower, small intestines is *the* characteristic feature of typhoid fever, and this disease is increased by cathartics; let the bowels alone, and look after the fever. Treat the patient kindly, nurse him well and feed him, and you will be sure to have good success; use plenty of physic, and you will be sure to have very unpleasant cases, and make work for the undertakers.—*E. M. Journal.*

SLEEPLESSNESS.

Dr. Smith says:

There are some forms of sleeplessness, accompanying some acute diseases, that neither chloral nor opium will relieve. The patient tosses about the bed, the hands and feet are likely to become cold, the face is pallid, the eyes are clear, pulse small and frequent, pressure on the back of neck causes pain, the second sound over the heart is prolonged beyond the usual time. Such cases are relieved by a mixture of chloroform, glycerine and alcohol; the chloroform is dissolved in glycerine (good glycerine will dissolve about or nearly one-third its weight of chloroform), two parts by measure of this solution is added to three parts of good whisky, and of this from two to six drachms are given in milk every hour or two until sleep is obtained.

[For the Brief.]

PERMANGANATE OF POTASS AS A LOCAL APPLICATION TO CHANCRE.

I find that Permanganate of Potass, powdered and thickly applied to Chancre, *will clean it out, disinfect it and cure it*, probably *quicker* than any other agent that I have tried.

DON ROY, M. D.

HOT WATER ENEMATA IN DYSENTERY.

In the New York *Medical Journal*, Dr. Reid recommends hot water injections in acute dysentery.

The method of administration is quite simple, and does not require the services of a skilled nurse, or extensive apparatus.

The hips of the patient are slightly raised, by means of a pillow, and a basin of water, of the requisite temperature, is placed in the bed, so as to allow the nates to rest on the edge of the vessel. The vaginal nozzle of a Davidson's syringe is then introduced into the rectum, and alongside of it the rectal or smaller nozzle. A current of water is then kept up for ten minutes, the water passing through the vaginal nozzle into the rectum, and returning by a steady stream through the smaller one into the basin, without causing any inconvenience to the patient. If the disease is extensive, and the colon involved for a considerable distance, a long rectal pipe may be employed instead of the vaginal nozzle.

The immediate effect on the patient is one of comfort, which lasts for about an hour.

The injections are to be continued every two hours, till the active stage of the disease is past.

DEATH FROM POP-CORN.

OSAGE, IA., January 6, 1877.

EDITOR BRIEF: On Monday evening of last week (Christmas), Mr. Gunder Thompson, aged 18, ate some pop-corn. The next day he began to suffer pain in ileo-coecal region. This increasing, on Thursday, his physician, Dr. Cobb, was summoned. From position and character of pain, and the refusal of bowels to respond to cathartics, fecal impaction was diagnosed. The usual treatment was adopted. A large, effervescing clyster appeared to relieve the engorgement, but not the pain.

I first saw him in consultation Monday. That night the bowels moved freely, and he commenced to vomit. The next day, while violently retching, he exclaimed, "My bowels have burst." He died the next evening. Autopsy Thursday morning. Result: *A kernel of parched corn in appendix vermiformis;*

dislodged, although the extremity had ulcerated and discharged puss and liquid contents of bowels into peritoneal cavity, from which we took about two quarts. Intestines adhered to peritoneum, *on left side.* Marked inflammation at ileo-coecal valve, where had evidently been impaction.

Query—Cause of adhesion on left side? Did corn find its way into appendix from impaction, or did that cause the engorgement? S. B. CHASE, M. D.

THE SULPHUR TREATMENT OF SCARLET FEVER.

Dr. Pigeon says:

The marvelous success which has attended my treatment of scarlet fever by sulphur induces me to let my medical brethren know of my plan, so that they may be able to apply the same remedy without delay. All the cases in which I used it were very well marked, and the epidermis on the arms in each case came away like the skin of a snake. The following was the exact treatment followed in each case: Thoroughly anoint the patient twice daily with sulphur ointment; give five to ten grains of sulphur in a little jam three times a day. Sufficient sulphur was burned, twice daily (on coals on a shovel), to fill the room with the fumes, and, of course, was thoroughly inhaled by the patient. Under this mode of treatment each case improved immediately, and none were over eight days in making a complete recovery; and I firmly believe in each it was prevented from spreading by the treatment adopted. One case was in a large school.

Having had a large experience in scarlet fever last year and this, I feel some confidence in my own judgment, and I am of opinion that the very mildest cases I ever saw do not do half so well as bad cases do by the sulphur treatment, and, as far as I can judge, sulphur is as near a specific for scarlet fever as possible.—*Lancet.*

DUNGLISON'S SALINE TONIC APERIENT.

R. Magnes. sulph..... 1 ounce.
Ferri sulph..... 10 grains.
Pot. bitrat..... 2 drachms.

Sig.—Put in a quart of cold water and take a wineglassful three times a day.

TIC DOULOUREUX OF FACE CURED BY BROMIDE OF POTASSUM.

Dr. Peter narrates a typical case of this formidable malady cured by the bromide of potassium. The pain occupied the supra-orbital branch, the superior and inferior maxillary divisions of the fifth nerve, and had the characteristic severity of that form of *tic*, entitled by Trousseau *epileptiform neuralgia.* Entertaining the view that these cases are really a mode of expression of the *status epilepticus*, Dr .Peter came to the conclusion to administer the bromide of potassium in large doses—6 *grammes*, about 95 grains a day—for several weeks. This treatment was crowned with success. She slept well the first night; and three or four days after the use of the bromide had begun, the pains had completely disappeared.

SULPHITE OF SODA.

We meet with cases showing distinct indications for this antiseptic salt. The tongue is *broad*, *pallid* and *dirty*, retrograde metamorphosis is defective, and the tissues look old and inactive. Sulphite of soda will frequently cure these cases, giving it in doses of from ten to twenty grains every three or four hours.

[For the Brief.]

THE TREATMENT OF DIPHTHERIA.

EDITOR MEDICAL BRIEF: When called to see a patient afflicted with diphtheria, I order: Alcohol, two parts to one of water. This is to be put into a wide-mouthed tin vessel and placed over an alcohol lamp and brought to steam as soon as possible. I then have a blanket thrown over the patient, and he or she placed over the steam. At the same time, I order brandy, in tablespoonful doses, every twenty minutes, until the patient is thoroughly under its influence. I then order a wide piece of fat, salt pork tied around the throat, and mop out the throat several times a day with any of the favorite gargles used. Nutrition to be kept up with stimulants—beef tea, etc. The patient, as soon as stupor or drunkenness commences, to be placed in a warm bed, and the room ordered to be kept at tem-

perate heat. As soon as the effect of the stimulants begin to relax, I give an alterative and diuretic compound of the iodide of potash, acet. pot., spr. eth., nitr. and spr. mindereris. Under the above treatment, I have not lost a single case with this disease, and I have had my full share of diphtheria patients.

S. W. INGRAHAM, M. D.

[For the Brief.]

CONJUNCTIVITIS.

BY LUIGI G. DOANE, M. D., NEW YORK CITY.

R. Argentic nitrate..... 1 grain.
Aq. font..... 2 ounces.
Mix fiat solutio.

S.—Apply with a camel's-hair pencil twice a day. "Velpeau."—Do not use the same pencil twice.

Be careful *not to use* same towel or wash in same basin or with same water used by patient. Give the eyes all the rest you can, and attend to the conditions of the body. Inflammation is much better cured by quietness of the organs in that condition. Regulate diet. Abstain from alcoholic drinks. This is the plan pursued in Europe and in New York City. The patient is usually kept in a dark room, and put upon low diet, but not starved.

INFLAMMATORY JOINTS WITH ŒDEMA.

BY L. G. DOANE, M. D.

An excellent remedy for these troublesome diseases is equal parts of tincture of iodine and aqua pura, injected (with care) into the joints, with a hypodermic syringe. Do not use the aspirator. This only palliates, never makes a perfect cure.

GARGLES.—It is an excellent plan to teach a child to gargle its throat. It saves the physician a great deal of trouble in diphtheria and laryngitis and other diseases of the throat.

IN WORMS.—An excellent remedy in worms is to give a gelatine-coated capsule (McKesson & Robbins'), made up of santonine, grains, ½; ext. jalap, grains, ¼.

BORACIC ACID.

Dr. Cane says, in *Lancet:*

The preparations of boracic acid have now been rather extensively tried by me for some months, and in all the cases in which they have been used the results have been good, and decidedly better than under the ordinary methods of dressing. The most convenient forms for use are the boracic (boric) lint and cotton-wool, a concentrated watery solution of the acid, and boracic-ointment. Boracic lint is prepared by soaking lint in a saturated boiling solution of the acid. On drying the lint, a copious deposit of fine flaky crystals takes place between its fibres. Cotton-wool may be similarly served, and when dried and carefully picked out forms a very useful dressing. The concentrated solution is made by dissolving the acid in boiling water to saturation. The ointment is made by rubbing down one drachm of the acid with one ounce of simple ointment, or benzoated lard.

Boracic acid, unlike most antiseptic agents, is unirritating; and whilst its non-volatility renders it less useful in some cases than carbolic acid, its great superiority to this and chloride of zinc resides in its unirritating nature. The boracic lint is best used as a dry dressing; and for recent wounds, where simplicity is desired, it has no equal. A pad of lint, applied immediately over the wound, and kept in place by pieces of strapping, is all that is required, and union by first intention is a common result.

For boils on the neck and elsewhere the boracic lint is an excellent application; a piece large enough to hide the boil, and covered with a piece of gutta-percha tissue, often gives great relief.

HOW TO TREAT INSECT STINGS.

The pain caused by the sting of a plant or insect is the result of a certain amount of acid poison injected into the blood. The first thing to be done is to press the tube of a small key firmly on the wound, moving the key from side to side to facilitate the expulsion of the sting and its accompanying poison. The sting, if left in the wound, should be carefully extracted, otherwise it will greatly increase the local irritation. The poison of stings being acid, common sense points to the alkalies as the proper means of cure.

IODINE CAUSTIC.

Iodine caustic is prepared by dissolving four grammes of iodine in eight grammes of glycerine. It is used in lupus by applying it once every other day, and covering the parts with gutta-percha. This treatment is continued for several weeks.

NITRITE OF AMYL IN ASTHMA.

"In asthma it is peculiarly useful. During the month of December last I gave it in three cases, two of whom had been affected with the disease for several months, and the other for some years. All of them suffered just prior to admission with nightly paroxysms of asthma, which disturbed sleep and created general disturbance. Two of these patients left the hospital within four weeks after their admission, apparently cured.

"Six months later I saw both of them again, and learned that the disease had not returned. The other case remains under treatment at the present time in the hospital. He is a man about sixty-five years of age, very muscular, and abounding with adipose tissue. His lungs are very emphysematous, and frequently during the first part of his stay in the hospital he would have slight attacks of hæmoptysis, attributable to asthmatic coughing. His pulse ranges from 92 to 100 beats per minute, and his respirations number from 24 to 28, in the standing posture. A very remarkable feature of this case is the constant muscular tremor which pervades his body. Dr. Henry, the present visiting physician to the hospital, and to whom I am under much obligation, tells me that he has known the above patient for more than a year, and that he never knew him to enjoy as good health, comparatively speaking, as he did during the past winter; and, to use the patient's own words, he 'never had a good night's rest since the disease got so bad, until he took this medicine.'

"At first he was given regularly, at bedtime, from ten to fifteen drops, but later he required it only once or twice a week, and now scarcely requires it at all. Dr. Henry also mentioned the case of a prominent medical gentleman of this city to me, who used to have annual attacks of asthma that were finally, when everything else had seemed to fail, cured by a very short course of treatment with the nitrite."–[Dr. Zeigler in *Med. Times.*

SCARLATINAL ALBUMINERIA.

Dr. Jamieson says: Give a teaspoonful of a saturated solution of gallic acid every two hours. It acts very decidedly in curing scarlatinal albumineria, probably by a direct astringent effect upon the capillaries of the inflamed parts.

INSOMNIA FROM EXCITABILITY OF THE NERVE CENTERS.

Dr. Knox says, in *Medical Examiner*: This is the prolific source of almost all wakefulness. Whether we have unrest produced by mental over-work or excessive anxiety, whether the emotions or passions enter as factors, or excessive venery, or uterine derangements, or abuse of alcohol, or the specific poisons of disease exist as active causes, the result is the same, viz: excessive nervous reflex activity, opposing anæmia of brain, and forbidding sleep. In all such cases treatment of the remote causes is necessary. For the suppression of the immediate cause, the reflex irritability thus produced, two drugs are deservedly held in high esteem, namely: chloral hydrate and potassic bromide.

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Chloral hydrate is a pure hypnotic, producing sleep in all points like natural repose. Physiologically it acts directly upon the cerebrum aud nerve centers, producing slower pulse, lessened respiration, lowered temperature, and diminished consumption of oxygen and elimination of carbonic acid. In increased doses it produces decided fall of temperature, and progressively paralyzes the nerve centers. Its therapeutic uses are in accord with its physiological effects. In all nervous wakefulness from mental or physical overwork, or of an emotional character, chloral hydrate is indicated. In extreme debility it is forbidden on account of its paralyzing effect upon the nerve centers; and in pain it is useless on account of its slight anæsthetic properties.

On the other hand, potassic bromide is specially useful in nervous wakefulness due to excessive venery, or from sympathy with uterine disorders, or from "unstrung nerves" resulting from abuse of tea, coffee, alcohol, or tobacco, or in convalescence from acute disorders. Physiologically it lessens the susceptibility of afferent or sensory nerves, by direct action para-

lyzing their peripheries. It also quiets cerebral, excitement by direct action on the brain centers, and has special control over the genito-urinary nervous system. In large doses it weakens the heart muscle, thus diminishing the force of its beat and the blood pressure, and lowers temperature by retarding tissue change. In doses as large as will be tolerated by the stomach it appears to be harmless, but, on account of its weakening effect upon the heart muscle, extreme debility is a contra-indication to its use.

While these two drugs are specially indicated in nervous wakefulness, other symptoms may suggest various combinations. As illustrations, with anæmic and hysterical females, the chloral or bromide may be associated with an anti-spasmodic and diffusible stimulant; or in cases due to mental over-work or anxiety, accompanied with headache and passive brain congestion, a few drops of the tinct. of aconite root or the fluid extract of gelseminum, or the tincture of veratrum viride may be added to each dose of either medicine.

ARTERIAL SEDATIVES.

Dr. Goss says: Gelseminum is the remedy in febrile or inflammatory conditions, where the pulse is large, full and quick, but soft, and the febrile manifestations are remittent; but aconite in those forms of fever or inflammation, attended with a small, hard, wiry, quick pulse; and veratrum in those cases attended with a hard, full, bounding, incompressible pulse. For want of a knowledge of these facts, many practitioners meet with sad disappointment in the use of arterial sedatives, and become discouraged in their use.

[For the Brief.]

GONORRHŒA.

R Tinct. cannabis indica..... 2 drachms.
Tinct. gelseminum ..... 2 drachms.
Mix. Aqua..... 4 ounces.

Teaspoonful every three hours.

GEO. MAY, M. D.

CHLORIDE OF ZINC.

Chloride of Zinc, introduced by Campbell de Morgan, is an efficient and valuable caustic. It acts at the same time as a disinfectant and deodorizer, and is especially indicated when we wish to destroy cell-growth beyond the region which the knife has reached; hence its value after ablation of the breast for cancer, for it finds out and destroys numerous cells which have escaped the scalpel; and as it arrests putrefaction for several days, it is a capital plan to inject a strong solution of chloride of zinc into deep sinuses, with or without bone at the bottom; for by this means we often succeed in destroying the living pyogenic membrane, and so put a stop to cell-proliferation. Caution is needed in employing this agent in operations about the mouth and throat, as, when swallowed, it acts as an irritant poison. In the proportion of from one to five grains of chloride of zinc to the ounce of water, we have a powerful astringent, and therefore a valuable remedy for gonorrhœa and allied disorders.—*Medical Times and Gazette.*

BISULPHIDE OF CARBON IN ULCERS.

Dr. Dorring says in *Pacific Medical Journal:* Bisulphide of carbon is particularly useful in all ulcers showing a tendency to spread, especially if of a syphilitic nature. It ought to be applied freely twice a day.

It is by far the best local application thus far presented to the profession in the treatment of that large class of ulcers termed indolent or chronic.

It is best applied by means of a camel's hair pencil, or a piece of charpie may be soaked in the liquid and squeezed upon the mouth of the bottle to expel any excess of the drug; then the charpie is lightly brushed over the surface of the ulcer, which is then covered with some mild, unirritating powder, as sub-nitrate of bismuth or starch. It generally produces severe pain, which, however, lasts only a few seconds.

Dr. Petrovitz has recorded some very interesting cases of individuals affected with gonorrhœa, in whom painful erections were stopped by the use of capsules of bromide of camphor.—*London Lancet.*

ERGOT IN THE HEMORRHAGE OF TYPHOID FEVER.

In a case of typhoid, in St. Thomas' Hospital, London, on the seventeenth day, the temperature suddenly fell from 102 degrees to normal, coincidently with hemorrhage.

Ten grains of tannic acid with tincture of ergot were given every two hours, and then every hour, for several doses; but the hemorrhage still continued with every stool. Five grains of ergotine were then injected hypodermically, and the hemorrhage ceased immediately, and did not recur. Cases in which hemorrhage has happened are more liable to subsequent peritonitis.

[For the Brief.]

COLLATED FORMULÆ.

BY L. H. WASHINGTON, M. D.

NEURALGIA.—R. Iodide of potassium, two drachms; fl. ext. hyoscyamus, two drachms; comp. syrup sarsaparilla, two ounces; water, q. s., add four ounces; mix. Teaspoonful before meals and at bedtime.

CANCER.—R. Red clover tops, pokeberries (expressed juice), equal parts; evaporate to the consistency of molasses, and apply on soft leather, daily. The tumor will drop out in a few weeks without any pain or irritation.

R. A. SIMPSON, M. D.

DYSPEPSIA AND CONSTIPATION.—R. Taraxacin, hydrastin, each thirty grains; extract nux vomica, five grains; mix and make twenty pills. Dose—One pill, three times a day.

W. G. BRANT, M. D.

PHENOL SODIQUE.—R. Carbolic acid crystals, one hundred and eighty-eight grains; caustic soda, thirty-one grains; pure water, four fl. ounces; mix. Equal to French phenol sodique.

DYSENTERY, WITH ULCERATION OF THE BOWELS.—R. Syrup acacia, two ounces; subnitrate bismuth, tinct. opii., each two drachms; ol. terebinth, one and one-half drachms; peppermint water, two ounces; mix. Sig. Teaspoonful every two or six hours.

J. H. BUNDY, M. D.

PRURITUS.—R. Iodoform, three drachms: glycerine, one ounce: mix. Paint the affected part twice daily: follow with sulphite of soda ointment JAS. THOMPSON. M. D.

HEADACHE.—Many business and professional men, etc., whose daily duties keep the nervous system in a continual strain, suffer with cephalalgia—great frontal headache, etc. There is a sense of fullness, as though the head would burst. This is quickly relieved, in most cases, by the following: Pulv. actea racemosa, one-half ounce; bromide potassium, one-half ounce; aqua ferv., one and one-half pints. Make an infusion first, then add the bromide, and allow it to stand till cool. Dose—A tablespoonful every two hours until four doses are taken; allow then an interval of four hours and resume.

[For the Brief.]

SPTS. AETH. CO. IN CHRONIC BRONCHITIS.

Having had some experience in the treatment of Chronic Bronchitis, I recommend the following prescription as the best remedy known to me for the *cough*, which, in the majority of cases, is exceedingly troublesome:

R. Amm. chlor	1½ drachms.
Spts. aeth. co	½ ounce.
Syrp. ipecac	2½ drachms.
Tinct. opi. camph	2½ drachms.
Pulv. ext. glycyrrh	1 drachm.
Aqua q. s. ft	4 ounces.

Mix. S. Tablespoonful in wineglass of water three or four times a day.

In cases of Chronic Bronchitis, complicated with Asthma (which is almost invariably the case), the patient complains of oppression, or a sense of "smothering;" for this condition, the Spts. Aeth. Co. is most beneficial, as it allays the morbid nervous excitation, which was the cause of the tonic spasm of the bronchial muscular fibres, producing the sensation of "smothering." Should any of my "brothers in the profession" feel disposed to test this remedy, I am confident they will be pleased with the result. BENJ. WHITELEY, M. D.

BALTIMORE, MD., January 22, 1877.

[For the Brief.]

BELLADONNA IN THE VOMITING OF PREGNANCY.

BROWNVILLE, Mo., Jan. 26th, 1877.

DR. J. J. LAWRENCE—*Dear Sir:* For more than twenty-five years I have relied on the tinc. belladonna in the treatment of some cases of sympathetic vomiting in pregnancy, and have succeeded in giving prompt relief in every case except one. It should be given in 10-drop doses, repeated every three hours, until the system is brought under its influence; then, at large intervals, just so as to sustain the impression. Specific directions should always be given. My rule is to tell the patient to try to thread a needle occasionally, and when she finds that she cannot see to thread it readily to suspend the medicine for a time. The case in which it failed to give relief was relieved by dilating the Os with a bougie. Respectfully,

D. J. PARSONS.

[For the Brief.]

DIPHTHERIA.

I have had better success with sulphite of soda, in the treatment of diphtheria, than any other remedy. I give to a child from two to five grains, in water, every hour or two, persistently; also, tr. fer. chlor. and quinine, in large doses. For a gargle, I use—

R. Sulphite of soda..... 2 drachms.
Chlorate of potash..... 2 drachms.
Tinct. myrrh..... 1 drachm.
Aqua..... 4 ounces.
Gargle the throat every one-half hour.

I apply spirits of turpentine and essence peppermint, mixed (equal parts of each), to the throat, *externally*, until it is blistered. I have found this treatment so satisfactory that I hope others will try it and report. DON ROY, M D.

A good way to relieve the pain of neuralgia is to fill a large closed-top thimble with cotton, then pour on the cotton a dozen or more drops of chloroform. Apply the open end of the thimble over the seat of pain. Keep it there for ten or twenty minutes. In this way severe pain can be relieved by repeated applications.

HOW TO KEEP POWDERED DRUGS.

Breau divides powders into three classes:

First. Those that keep *only* in paper or pasteboard: Aconite, angelica, belladonna, cantharides, conium, cochineal, columbo, digitalis, elecampane, hellebore, gentian, gum-arabic, hyoscyamus, ipecacuanha, jalap, liquorice-root, marsh-mallow, orris-root, rhatany, roses, savin, stramonium, and similar powders.

Second. Powders which keep as well in paper as in glass: Agaric, angostura, arnica, anise, benzoin, cascarilla, catechu, charcoal, colocynth, cream-of-tartar, euphorbium, male-fern, guaiac, ginger, Peruvian bark, rhubarb, saunders, tartar-emetic, turmeric, etc.

Third. Powders which keep only in well-stoppered bottles: Asafœtida, camphor, castoreum, cubebs, gum tragacanth, opium, squills, etc.

Tartaric-acid keeps better in paper than in glass.

BELLADONNA.

Belladonna is the remedy for congestion of the nerve centers, as marked by drowsiness, tendency to coma during the paroxysms of fever. The face is dull, expressionless, the eyes dull, the pupils dilated, and, indeed, there is a want of expression in all parts of the body.

CARBOLATED CAMPHOR.

Carbolated camphor is a preparation which is gaining favor in foreign medical circles. Dr. Soulez, in the *Bulletin de Therapeutique*, gives the following account of this compound:

It is made by dissolving 2.5 grammes of powdered camphor in 1 gramme of carbolic acid (a solution of the strength of 9 grammes in 1 gramme of alcohol). The solution is of an oleaginous consistency, pale yellow, smelling slightly of camphor, but having none of the disagreeable odor of carbolic acid. It boils at a slightly elevated temperature without decomposing, and also by the addition of concentrated alcohol, which throws down the camphor in crystals; similarly, if a boiling solution of carbolated camphor is poured into cold water it instantly solidifies. It is miscible in all proportions with olive and almond oils. Chemical examination shows that the carbolic acid and campor are not altered, and that they preserve all their properties in the solution.

DRUNKENNESS AS A DISEASE.

Dr. Geo. M. Beard says: He who drinks to intoxication for the fun of it, for the sake of the pleasure it gives, or to drive dull care away, is vicious. He who drinks because he cannot help drinking, who is borne on *against* his wishings and strivings, by an irresistible impulse, is diseased. Drunkenness as a vice may, and often does, lead to drunkenness as a disease, and the two forms are frequently combined. Drunkenness as a vice may be, and often is, stopped by signing a pledge of abstinence which the victim sometimes finds no serious difficulty in keeping, so long as he is not surrounded by evil companions. Drunkenness as a disease is rarely cured by signing the pledge, or by so-called moral measures of any kind. With such persons life is a constant pledge, they wish to be delivered from their suffering as much as the dyspeptic patient wishes to be delivered from his indigestion, or the neuralgic patient of his pain. The dyspeptic and neuralgic sufferer may pledge himself to abstain from eating those articles, and exposing himself to those influences, as cold and dampness, that experience shows to be harmful, but, in addition, positive remedial measures may be needed for the accomplishment of a cure. Likewise the inebriate may pledge himself to abstain from alcoholic liquors, and may put himself into a position where he cannot get them, but to this negative treatment should often be added positive medication, if we expect a permanent or even temporary cure. In a word, inebriety is a neurosis—a functional disease of the nervous system—and should be treated on the same principles as other and allied nervous diseases.

[For the Brief.]

CARBOLIC ACID IN TOOTHACHE.

ED. MED. BRIEF—*Dear Sir:* In your January issue, there appears an extract from *Progres Dentaire*, advising Tr. Aconite Rad. in inflammation of gums, alveolar abscess and pain following extraction of diseased teeth. Tr. Aconite is good, but Carbolic Acid is better. Yours, truly,

WM. A. WELLS, D. D. S.

BALTIMORE, MD.

SALACIN IN CHRONIC DIARRHŒA.

J. B. Mattison, M. D., in the Proceedings of the Medical Society of the County of Kings, Brooklyn, says:

"An assertion that the majority of practitioners, during an active professional life, meet with one or more cases of diarrhœa which prove utterly rebellious to ordinary treatment, will, I presume, pass unquestioned. After an experience limited to a few years, I had the record of several such instances, and the success in my hands attending the use of salacin was so marked and satisfactory, that I was induced to place it before the profession, and, in a paper presented early in 1873, attention was called to its value, and its employment commended to those who were not aware of its virtue in the disease under consideration. Increased experience, and the somewhat wide publicity with which my paper was honored, have resulted in making me the recipient, through sources public and private, of confirmatory testimony so ample as to fully warrant me in again bringing it into notice.

"Regarding the *rationale* of its operation, I think it admits of a fivefold explanation: First, its *tonic* effect, as evidenced by its power in improving the appetite and digestion, and the signal success obtained where there is pre-eminent reason for believing the main trouble lies in a *toneless* state of the enteric muco-muscular membrane; secondly, its *astringent* property, as shown by such promptness of effect in many instances as to admit of explanation on no other hypothesis; thirdly, as an *anti-ferment* and *antiseptic*, proven by its destructive power on bacteria and vibrio, and in preventing the reaction of amygdalin and a mulsin, and of ptyaline in starch; fourthly, as an *anti-periodic*, rendered likely by its well-known power in this regard, and presuming the fact, which is certainly fair, that in a proportion of cases, not well defined a malarial element, subtle but sure, is a factor of no mean significance in favoring the prolonged intestinal drain; lastly, as an *alterative*, made probably by the fact of a happy influence exerted in many instances where other well-tried tonics, astringents and anti-periodics have been resorted to in vain.

"It can be administered in pill, powder or solution. To adults, preferably the former, in doses of five grains every four hours. To children under two years, one-half to two grains, mixed with sugar, or in sweetened water or milk, every fourth hour. In any case where improvement is not noted within a week, increased frequency of administration is recommended, and in *all* cases careful attention to dietetic details, and hygienic surroundings, is of decided importance."

BOOK NOTICES.

ON COUGH, CONSUMPTION AND DIET IN DISEASE. By Horace Dobell, M. D., F. R., M. C. S., etc. Philadelphia: D. G Brinton. 1877.

This is a neat volume of 216 pages, made up from several works of Dr. Dobell, so arranged as to make a connected and valuable treatise on diseases of the respiratory organs. It is a plain, practical work, and should be in the hands of every general practitioner.

THE ACTUAL CAUTERY AND "ITS EMPLOYMENT IN CUTANEOUS SURGERY." By H. G. Piffard, M. D., Professor Dermatology University, N. Y. Reprint—Charleston *Medical Journal.*

The diseases of the skin in which Actual Cautery has been found of service is mentioned. The Doctor thinks its useful applications will rapidly multiply.

ELECTRICITY AS A RESTORATIVE AGENT IN NARCOSIS AND ASPHYXIA. By John J. Caldwell, M. D. Baltimore, M. D. Reprint—Virginia *Medical Monthly.*

That electricity is of value in the cases named, is satisfactorily demonstrated.

INEBRIETY AND ITS CURE. A Paper read before the "Suffolk District Medical Society." By A. Day, M. D., Sup't and Physician of the Washington Home, Boston.

The Doctor regards inebriety as a disease, and thinks it should be treated as such. After having treated nearly seven thousand drunkards, his opinions are certainly entitled to great weight.

QUARTERLY JOURNAL OF INEBRIETY. Published under auspices of the American Association for the Cure of Inebriates. $3 a year. T. D. Crothers, M. D. Sec. Binghampton, N. Y.

EMMONS' ANNUAL DIRECTORY OF REGULAR PHYSICIANS IN THE STATE OF ILLINOIS FOR 1877,

Is to hand. Valuable for reference. 109 pages. Published by F. A. Emmons, M. D., 978 Wabash avenue, Chicago, Ill.

FOURTH ANNUAL REPORT OF THE SECRETARY OF THE MICHIGAN BOARD OF HEALTH. 1876.

Michigan is in the front ranks in regard to the health of its people. It is fortunate in having so efficient a Secretary as Dr. Henry B. Baker.

A Plea for Principle and Conservatism in the Treatment of Diseases Peculiar to Females. W. A. Love, M. D. Reprint.

Dr. Love thinks there is a tendency to neglect Physiology, Therapeutics, etc., and too much speculum and caustic, in the treatment of female diseases, and urges a return to fundamental principles.

The Function of the Uvala, Etc. By T. F. Rumbold, M. D. Reprint.

An interesting and instructive article on the functions of the uvala and the prominence formed by the Azygos uvalœ muscles. That a *normal uvala* is necessary for perfect phonation is satisfactorily proved.

Disinfection in Yellow Fever. By C. B. White, M. D. Conclusions in favor of coal-tar acids.

Dr. Walton, Cin. Clinic, summarizes at the close of an article on Animal *vs.* Human Lymph, as follows:

1. It is certain that humanized virus procures immunity from small-pox for a number of years.
2. It is certain that humanized virus may convey syphilis.
3. It is possible that humanized virus may convey other diseases.
4. It is probable that humanized virus degenerates.
5. It is certain that many persons oppose humanized vaccination.
6. It would not be right to compel vaccination with humanized virus.
1. It is certain that bovine virus procures immunity from small pox for a number of years.
2. It is certain that bovine virus cannot convey syphilis.
3. It is not probable that bovine lymph conveys any disease.
4. It is not probable that bovine virus degenerates.
5. It is certain that very few persons will oppose bovine vaccination.
6. It would be right to compel vaccination with bovine virus.

CASES IN PRACTICE.

BY G. HENRI SMITH, M. D.

CASE 1.—Mrs. R., aged 35, consulted me in May last; she was suffering from an extensive syphilitic eruption on the face, body and limbs; there were several large pimples, with a hard and copper-colored base. She was also suffering from a purulent leucorrhœa. Her case had defied the remedies of two physicians for two years. I put her upon the following prescription: R. "Iodia," *four* ounces; syrup coffee, *two* ounces; mix. Teaspoonful *four* times a day. The eruption and leucorrhœa disappeared within three months. She now seems in perfect health.

CASE 2.—SYPHILITIC RHEUMATISM. The patient, an old bachelor, aged 55, had suffered for past five years, more or less, with Syphilitic Rheumatism; had been confined to the house for three months; all the joints enlarged and painful; throat and nose ulcerated; almost insane from constant headache. Prescribed: R. "Iodia," *eight* ounces; teaspoonful, gradually increased to tablespoonful, *three* times a day. Under the above prescription, the patient gradually improved; enlargement of the joints subsided; ulcers in nose and throat healed; patient discharged, apparently in perfect health, after four months' treatment.

CASE 3.—Annie D., aged 10, scrofulous temperament; was seen July 24; there was an enlargement of the tibia of sufficient extent to keep her from walking, also, a large indolent ulcer on right arm; general debility and obstinate constipation, alternated with occasional diarrhœa; health commenced to decline after being vaccinated with supposed impure virus; had been treated without benefit for over a year. Prescribed: "Iodia," *four* ounces; Tr. Card. Co., *two* ounces; syrup simple, *two* ounces; mix. Teaspoonful, three times a day. Ointment of Iodoform, *alternated* with a "solution of chloral" (10 grains to ounce aqua), to be applied to ulcer. *Cured in two months.* Have since ascertained that there is no sign of the enlargement of tibia, and that her health remains perfect.

CASE 4.—Miss P. applied for treatment, August 30; found extensive ulceration of vagina, mouth of uterus and throat, with bad cough. Prescribed: R. "IODIA," *four* ounces; syr. Prunus Vir., *two* ounces; mix. Teaspoonful, four times a day. Sol. carbol. acid. (5 grains to ounce of aqua), to be injected 3 or 4 times daily. Dismissed—cured—four weeks. Increasing experience in the use of the remedy *convinces me* that "IODIA" is an Alterative and Uterine Tonic of RARE value.

NEW YORK, Jan. 8th, 1877.

WASHINGTON, O., Jan. 13, 1877.

Messrs. Battle & Co., Chemists, St. Louis, Mo:

GENTLEMEN: It gives me pleasure to add my testimony to that of others of the profession, in regard to the wonderful Alterative powers of "IODIA." I have used it in a great many cases of Scrofulous, Cutaneous and Uterine Affections. My conclusions are, that it is a therapeutic agent of great merit. In my knowledge, *it has no equal*, either as an Alterative or Uterine Tonic. It is of decided value as a "regulator" of the uterine functions, and as a tonic to the generative organs of both sexes. It has become to me to be a standard and indispensable preparation in the treatment of many chronic diseases.

Yours truly,

DAN'L A. BARKER.

IODIA AS AN ANTI-SYPHILITIC.

BY WITHERS E. GORDON, M. D.

Having had considerable experience in the treatment of Syphilis, in its different forms, with the preparation known as "IODIA," I can truly say, that I believe it to be an absolute anti-syphilitic when properly used; it evidently possesses the power of preventing secondary symptoms, if given as soon as treatment of the chancre is commenced. I now make it a rule when a patient applies to me for treatment, before secondary symptoms appear, to put him at once on "IODIA," and with the result, that when the patient carries out the directions, he always, in my experience, *escapes* the after or constitutional symptoms. This cannot be said of mercury, or any other remedy that I have ever tried. I always direct that the medicine be continued for a considerable period after the chancre is cured. I have cured Syphilis in its secondary forms with "IODIA" used alone; and I am, therefore, obliged to believe it to be an agent possessed of remarkable sanative power in that disease.

December 17, 1876.

International Exhibition, Philadelphia, 1876.

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Assistant Surgeon, New York State Woman's Hospital; Member New York Obstetrical Society, etc.

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TWO CASES OF ASCITES SUCCESSFULLY TREATED WITH IODINE INJECTIONS.

Dr. Ford says in *The Canada Lancet:*

CASE I.—On 18th July, 1870, was called to visit J. W., aged 66, a farmer residing in the township of Asphodel. On my arrival, I gleaned the following facts: In the autumn of 1868, he had been severely injured by a fall from a straw-stack, and for many weeks he suffered excruciating pain in the lumbar region, and painfully voided bloody urine. Slowly recovering from the effects of the injury, he was prostrated by an attack of remittent fever. About six months from the date of the injury, he began to enlarge, and becoming alarmed, called in a physician, who diagnosed ascites as the result of renal lesion, and prescribed for successive weeks without any favorable result. His distress becoming unbearable, resort was had to the operation of paracentesis abdominis early in the spring of 1869. From that time until I saw him, the operation had been repeated 60 times, and from eighteen to twenty-four quarts of thin, amber-colored liquid removed each time. During the ensuing two months, I used the trocar every ten days, with a like result, at the same time administering internally all conceivable combinations of

diuretics, with no benefit. The very picture of despair, the old man asked me, just after tapping, if nothing more could be done. I told him of the treatment by iodine injections as practiced in Paris; that I had no experience in the matter; of the very great possibility of my lighting up more inflammatory action than I might be able to control, and of the slight hopes of success I could hold out to him. He was at once eager to try the experiment, and his friends not objecting, I acceded to his wishes. On the 20th September, having drawn off about half the usual quantity of fluid, through the canula, with a small glass-syringe, I injected into the cavity of the peritoneum, two ounces of tr. iodin. co., diluted with an equal quantity of distilled water; plugging the canula, for the space of ten minutes, I rolled the patient gently over and over on the bed, for the purpose of bringing the injected fluid into contact with the whole surface of the sac. At the expiration of half an hour, I removed the plug, and drew off the remainder of the liquid, about six quarts. After applying a bandage in the usual way, and administering 1½ grain of pulv. opii, I started for home.

September 21st. He had a chill, followed by febrile excitement and great tenderness all over the abdomen. I continued the pulv. opii. in doses of one grain every 4 hours, uniting with each alternate dose, 3 grains hydrarg. chlor. mite. Under this treatment, the symptoms of peritonis rapidly subsided.

September 25th. Free from pain; pulse, 82; had an evacuation of the bowels, following a mild purgative.

Result. Three small tappings at intervals of three weeks, followed by complete recovery. He is still living—safely passed the grand climacteric of three-score years and ten. He was tapped sixty-nine times in a little over eighteen months.

Case II.—June 2d, 1875, was asked to see S. A. M., a maiden lady, aged forty-five, who had lately removed to this vicinity; was told she had been tapped eight times in another locality. Ascites had followed the cessation of the catamenia two years before. The case seemed favorable for the iodine treatment, and after tapping, I at once recommended it to herself and friends.

July 13th. I injected the same quantity as before, diluting with the same proportion of water, taking the precaution of adding an extra scruple of the potass. iodid., as the fluid was loaded with albumen, and I wished to guard against coagulation.

Even a more favorable result followed; at the end of a week, the patient was freely perambulating the apartments, and has had no need of the trocar since.

I am not aware of any similar case being on record in this country, and at the request of several of my medical brethren, conversant with the facts, I have forwarded these notes for publication. In my treatment, I followed exactly the rules laid down in the article on iodine, in "Warings' Practical Therapeutics," one of the very best works I know of, on that branch of medical science. I shall certainly repeat the treatment on every favorable opportunity, having completely lost my dread of unduly exciting that delicate structure, the peritoneum.

SODIUM-SULPHATE AS AN ANTI-SEPTIC.

Dr. Minnich (*Gas. des Hopitaux*) proposes the use of sodium sulphate, which he prefers to both carbolic and salicylic-acids, not only for surgical dressings, but also as an excellent application in erysipelas. Aside from its cheapness, it has various advantages not possessed by the other remedies. He applies it in the same shape as Lister's dressings. The solution usually employed contains: 1 part of sodium-sulphate, 9 parts of water, and 1 part of glycerine. A large number of successful cases have proved its efficiency.

INCIPIENT SOFTENING OF THE BRAIN,

Attended with bad memory, visions, giddiness, and headaches:

R. Acid. phos. dil..... 20 drops.
Tinct. cinch. co..... 1 drachm.
Tinct. nucis vomicæ..... 5 drops.
Sig.—One dose, three times a day.

Keep the patient in society, or send him upon a journey; aim at bringing before his mind new scenes, etc.

ANODYNE-PILLS.

These have the advantage of not affecting the bowels:

R. Morph. acet..... 2 grains.
Hyoscyam. ext..... 8 grains. M.
Ft. pil. No. 16.
Sig.—One pill at bedtime.

THE VALUE OF SNEEZING IN THE REDUCTION OF HERNIA.

Dr. Denison says in *Virginia Medical Monthly:* As I am not aware that the procedure of giving snuff, while an attempt at reduction of hernia by taxis is being made, has been known to the profession, I wish to report two instances, which have lately occurred in my practice:

May 30. I was called out at night to see a Chicago gentleman, temporarily sojourning at the Evergreen House in Morrison. I reached him about half-past four next morning, having to go *via* Mount Vernon, around the "Hogbacks," or outside foot-hills of the Rocky Mountains. I found Dr. J. C. Dunham in charge, from whom I heard that Mr. C. had, the previous evening, caused the hernia while helping a lady to alight from a carriage; that he had had the difficulty for several years, during which time he had worn a truss, and had two or three times suffered from its strangulation, due to his negligence in leaving off the truss. It was oblique, inguinal hernia, and this time the protrusion was sufficient to cause the right side of the scrotum to assume the size of a man's fist. Dr. Dunham had used sufficient taxis, and failed to reduce the hernia. The pain being considerable, he had given, the night before, morphia subcutaneously, and changed the local applications from cold to hot.

I found the tumor very tense, and I withheld much manipulation, thinking it was useless to attempt reduction under the existing circumstances. We applied ice locally, and elevated the foot of the bed on a table. Later, at 8½ o'clock in the morning, when the parts were chilled by ice, and hence less sensitive, taxis was tried, but it was evidently useless.

The idea had occurred to me before of making such a patient sneeze while firm and well-directed pressure on the hernia was being made, and I cast about to try the experiment; but no snuff could be found in the place. Finally, toward noon, some patent "catarrh-snuff" was procured, which was used. While I had firm hold of the tumor, during the first good sneeze, I felt a little of the contents slip back into the abdominal cavity. The sneezing was kept up and at times we could hear a little of the air in the protrusion shoot through the internal ring. This happened at the end of the sneeze. I cannot explain it better than by saying there seems to be a billowy movement of the anterior wall of

the abdominal cavity, from above downwards, which is suddenly reversed. This reversed action is accompanied by a sudden relaxation, as it were, at which instant a little of the contents of the hernial sac shoots back through the intestinal ring. The pressure was continued for over an hour; the omentum (for it was an entero-epiplocele), which undoubtedly caused the strangulation, being the last to disappear.

The other day, a gentleman was referred to me, at my office, who had a right oblique inguinal-hernia, which I considered an epiplocele—the omentum only being strangulated. I failed at first in reduction by taxis, and left him in my office with ice on the tumor, and his heels up in the air. After an hour, I returned with some Scotch snuff. I made him sneeze so long as there was any response in his Schneiderian membrane—meanwhile using diligent taxis. The tumor receded with more difficulty than I think an enterocele would under the same procedure, but finally it was all gone.

Whether the peculiar relaxation of the abdominal wall or the pulling within on the intestine or omentum during the sneeze does the good, or both combined, I cannot positively state, though I am inclined to the latter view. So far, however, I am very well pleased with my discovery, as I considered it; and I give it to the profession, with the hope that, as a simple procedure, it may save many an unfortunate from the danger and suffering of a surgical operation.

ACID INFUSION OF OPIUM.

An acid infusion of opium, an old preparation, has been revived, and obtains much favor on account of its alleged indisposition to produce head-symptoms. It is made with powdered opium, one ounce; muriatic acid, one drachm; distilled water, 15 ounces; macerate fourteen days, filter, and add sufficient water through the filter to make up to a pint. The dose is twenty to forty drops.

DISGUISING THE TASTE OF COD-LIVER-OIL.

Chloroform is highly recommended in the proportion of one fluid-drachm to one pint, to remove the unpleasant taste of cod-liver-oil. It is also recommended for the same purpose as an addition to bitter tinctures and mixtures.

SULPHATE-ZINC IN CHOREA.

Dr. Dickinson, in the *Lancet*, expresses his opinion that sulphate of zinc is the most efficient remedy in this disease. One grain may be given three times a day, or in a very severe case more often, and a grain added to each dose every day until the dose amounts to between fourteen and twenty-six grains. Thus administered, and sufficiently diluted, it causes no sickness, nor any prominent effect but the abatement of the jactitation and grimace. A scruple, or rather less, is commonly a sufficient dose, but much more may be given. In an exceptionally severe case, of which the subject was a girl of seven, I gave, with apparent advantage, and certainly without harm, a dose, which at last reached forty-five grains in the twenty-four hours. Under this, the child became able to talk, feed herself, and walk, none of which she could do before. The greater amount passes off by the bowels, and the metal can be recovered from the fæces. I have not succeeded in finding a trace in the urine, so that probably but a small proportion is absorbed; though, from the greater effect upon the nervous system of large doses than small, it is probable that the quantity absorbed bears some relation to the quantity swallowed.

ALKALINITY OF THE URINE.

A man, aged forty-five years, who had suffered for twenty-three years from distressing frequency of micturition, his urine also being very alkaline and albuminous, was given an infusion of half a drachm of logwood night and morning. In ten days, the urine became acid and free from crystals of the triple-phosphates. The proportion of albumen was not changed, but there was a marked diminution in the frequency of micturition.—[*Irish Hospital Gazette.*

FOR GONORRHŒA IN THE FEMALE.

R. Morphiæ sulphatis..... 6 grains.
Liq. ferri persulphatis..... 2 drachms.
Cerati adipis..... 3½ drachms.
Olei theobromæ..... 1½ ounce.
M. and ft. Suppositoria No. 12.

S. Use one suppository every other night. This is said to cure the disease in nine days.

GELSEMINUM.

Dr. Adolphus says: A few words as to the mode of using the remedy in typhoid fever. There are many cases which commence with distressing nervousness, as it is called. These patients are very restless from the outset, tossing about the bed, having little sleep, are flighty at times from the beginning of the disease. At nightfall they are considerably worse, but perceptibly so every other day. These cases are well held in check by gelseminum. The excessive nervousness abates, restlessness subsides, sleep comes, the patient goes through the disease with far less wear and tear; in fact, recovers in real good order.

In all diseases where the temperature is very high and waste great, gelseminum acts well and does great good.

In all diseases where the motor part of the cord is greatly excited, gelseminum is a special remedy.

In all diseases where there is any exacerbation, gelseminum can be relied on as the great remedy.

The dose of gelseminum is of considerable moment as to the good it is capable of accomplishing. Driveling doses seldom fail to disappoint. The idea of two drops in a mug of cold water, and a teaspoonful doled out now and then, is a delusion —the dose must be decided. By decided I do not mean a reckless administration of a potent remedy. Some persons will not bear more than five drops at once before some drooping of the lids comes on, or a little double vision is manifested, while others will stand and really need ten, and others fifteen, drops.

Some cases can bear five-drop doses every hour for four or five times; others will only tolerate a repetition in three or four hours. A little drooping of the lids, and even some slight dimness of vision, is requisite to obtain the best results of the remedy.

With these remarks, it is needless to extend this part of the subject any further.

Gelseminum has another very valuable property—its power to increase the pain-subduing powers of the anodynes. Thus, when united with belladonna or morphia, or both, the anodyne powers of these drugs are immensely increased, and much more so than one would suppose previous to practically experiencing the fact.

Another remarkable feature gelseminum possesses is, when combined with nux, the combination has a remarkably tonic

influence on the spinal system of nerves. In this way, many nervous affections are cured which neither alone would effect.

This combination often cures the colliquative diarrhœas of teething-children; the neuralgias of nervous women; the pain and tormina of bladder and rectum diseases; arouses the exhausted nervous system in low fevers; checks the flow in excessive hemorrhage: relieves the pain of neuralgia. When a decided anodyne is needed, belladonna can be added with good results.

HOW TO CURE BAD COLD.

The remedy for colds is carbonate of ammonia in full and often-repeated doses. The established value of this medicine in pneumonia naturally suggested its employment in the catarrhal affections of the lungs and contiguous mucous surfaces. To be effective, it should be given in larger doses than usually prescribed. I have been in the habit of giving ten grains in mucilage every hour or two hours for one or two days in several cases. With proper attention to other hygienic means, the patient will soon recover from the severest cold. He is not so liable to relapse as he will be after a course of sweating-medicines, which leave the system sensitive to every change of temperature.

The ammonia seems to effect a direct resolution of the congestion of the mucous surfaces. It is considered to be a stimulating expectorant; and so it is, no doubt. But it almost always breaks up a cold without causing any expectoration. The sense of fullness and constriction of the chest, the tickling cough, and all other disagreeable sensations, often leave the patient in a very short time, and he finds himself perfectly cured, and in excellent condition.—[*Dr. Wharton in Valley Medical Monthly.*

IN CHRONIC-DYSENTERY.

R. Ext. hæmatoxyli..... 2 drachms.
Acidi sulphurici aromatici..... 3 drachms.
Tinct. opii camph .....1½ ounce.
Syr. zinziberis..... 4 ounces.

M. and S. Tablespoonful, properly diluted, every three or four hours.

ROY-MIXTURE FOR GONORRHŒA.

R. Copaibæ..... 1 ounce.
Liquor. potass..... 2 drachms.
Extr. glycyrrh..... ½ ounce.
Spts. æther. nitr..... 1 ounce.
Syrup acaciæ..... 6 ounces.
Ol. gaulther..... 16 drops.
Tr. card. co..... 2 drachams.

Mix. A tablespoonful after each meal.

—[*Med. Hos. Gaz.*

CHLORAL-HYDRATE IN ULCERATION.

Much satisfaction has been experienced in St. Francis' Hospital, in the treatment of chronic ulcerations by the use of a solution of chloral-hydrate.

It is used as a daily dressing, and appears to produce better results than the usual mineral astringents. The strength of the solution is ten grains to the ounce of water.—[*New York Medical Journal.*

TREATMENT OF DIPHTHERIA.

The following plan is that laid down in the *Lancet*, by Dr. F. Knowles, of Ipswich, the result, he says, of wide experience:

In each case I applied a strong solution of iodine to the false membrane; in mild cases, once; in severe cases, every six hours. After allowing the pigment to remain on for about the space of a minute, I directed the patient to hold a small quantity of the wash, used by me, in the throat, for a few moments. On rejecting it, the false membrane invariably came away. In young children I used a soft camel hair-brush to remove the membrane. I never used force in any case, to detach it, as practiced by Loiseau. Although the exudation reformed, I found after each application the quantity was lessened and altered in character, being thinner and more fragile. The strength of the iodine I use, even for the youngest child, is: iodine, one drachm to two scruples; iodide of potassium, two scruples; rectified spirits of wine, one ounce. The wash consists of a solution of chlorine and hydrochloric-acid gas. It is prepared thus: Take of chlorate of potash, eight grains; put it in a pint bottle, with one drachm of pure hydrochloric-acid; cork the bottle, and

shake it; as soon as the chlorate of potash is dissolved, add one ounce of distilled-water; recork the bottle, and shake it; repeat the process twice more, and then fill it up with water. I use equal parts of this solution and water; the addition of two drachms of tincture of myrrh to half a pint makes it much more agreeable.

The internal treatment of this malady I consider most important. The one I always adopt is to administer the following mixture from the commencement of the attack: Chlorate of potash, one drachm; dilute nitro-muriatic-acid, one drachm and a half; compound tincture of cinchona, three drachms; water, to six ounces; one ounce to be taken every two or three hours, and dose in proportion, to children. I believe chlorate of potash to have a special influence in preventing the formation of plastic material. When the submaxillary and neighboring glands are affected, I order linseed-meal-poultices to be kept constantly applied. Inhalations of hot vinegar and water, in the proportion of one to three, I have found very serviceable. In every case I order the patient to be well supplied with good, nourishing, digestible food, such as game-soup, beef-tea, chicken-broth, warm-milk, eggs, cooked and raw, and as much fresh-gathered fruit as wished for. Pontac and sound port were freely administered.

BOILS.

Dr. Hall, of Cincinnati, suggests:

R. Tinct. arnicæ flores..... 2 pints.
Acid tannic..... 1 pint.
Pulv. acaciæ..... 1 pint.

A fragment of lint wet with this mixture to be placed upon the boil and changed every fifteen minutes until a coating is formed. That causes the throbbing pain to disappear, diminishes the tension of the integuments, causes the abortion of the boil, or, if too late for that, hastens the separation of the core. —[*Clinic.*

FOR GLEET.

R. Fluid extract ergot..... ½ ounce.
Tinct. cantharides..... ½ ounce.
Tinct. ferri muriat..... ½ ounce.
M. S. Twenty to thirty drops in water three times a day.

[For the Brief.]

LYCOPUS-VIRGINICUS—BUGLE WEED.

BY I. J. M. GOSS, A. M., M. D., OF MARIETTA, GA.

(Extract from the manuscript of materia-medica by the author of this paper).

Lycopus is regarded as an excellent sedative, sub-tonic, sub-narcotic and sub-astringent. Drs. Ives and Zollikoffer both noticed it in their materia-medicas. Drs. Pendleton and Rogers of New York, published several cases of hæmoptytis, and incipient phthisis cured by it. It resembles digitalis somewhat in its effects upon the circulation, but does not accumulate in the system as digitalis does; consequently, it is preferable to that drug. It is one of the mildest narcotics that we have. It lessens the frequency of the pulse, allays nervous irritation and cough, by its power to equalize the circulation. In hæmoptysis, it has no equal. It controls the circulation, and calms nervous excitement much more promptly than prussic-acid, without producing any injurious effects upon the heart and brain. It is applicable in many diseases wherever there exists any inordinate action of the heart. As a mild astringent and sedative, it is especially useful in diarrhœa and dysentery, after the active stage has been subdued. In hæmoptysis, I have found it the most prompt sedative and astringent that we have; checking the hemorrhage, and allaying the irritability of the heart in a manner that I have never obtained from any other remedy. It has direct control over the capillary circulation of the lungs; and upon this direct influence over the capillaries, depends its power, to not only control hemorrhage of lungs, but also to check cough and lessen excessive bronchial secretion; hence, in bronchorrhœa and phthisis, with excessive expectoration, it is a very valuable remedy. But it is to its superior power over that morbid condition of the kidneys, and other organs concerned in the production of diabetes, that I would call special attention to it in this paper. It is one of the most decided anti-diabetics that I have ever met with. It has frequently cured the disease after all other remedies failed. I am now treating a case that has resisted the other approved remedies, together with strict dietetic regulations, and it is fast improving under its influence. It lessens the vascular excitement of the kidneys

by its mild, congenial, sedative properties; and by its mild tonic power, it improves digestion, and thereby lessens the tendency in the kidneys to separate the saccharine elements from the blood. To increase its power over the digestive and assimilative organs, it may be combined with the aletris-ferinosa or helonias-dioiaca—a combination that I have found very beneficial in the radical cure of this disease; and it may also be alternated with the nitrate of uranium, in doses of $\frac{1}{10}$ grain three times a day. Dr. D. Ray, of Yolo. co., California, reports the successful use of the fluid-extract of this article in several cases. He reports the case of a lady who had an attack of diabetes-mellitus, in which he used for weeks, opium, iron, tonics and astringents, with many other remedies, without any. material benefit, which finally yielded to lycopus, in doses of a teaspoonful of the fluid-extract, five times a day. He says that it changed the condition of the patient in twenty-four hours; and before half a bottle had been taken, the lady was well, and so continued up to the report. This valuable remedy fills a place in the materia-medica long needed, and I hope physicians will give it a trial, and report the result.

THE THREE FORMS OF PHTHISIS.

At a meeting of the New York Academy of Medicine, Dr. Loomis said: In the study of the clinical history of phthisis, the first important question that suggests itself is, "from what standpoint shall we consider it?"

It seems to me that it should be divided into three forms, and that each of the seforms be considered separately, as their clinical history and terminations differ from each other, and although giving in the main a similar class of symptoms, they are essentially different diseases. The division I referred to is the catarrhal, the fibrous or bronchial, and the tubercular phthisis. If a diagnosis is made as to the variety, we are in a more satisfactory condition to say what will be the chances of recovery, and we can also obtain a more accurate impression as to the value, if any, of therapeutics.

If a case of phthisis presents himself for examination, and it is found that the disease began with the ordinary symptoms of a cold, and that this cold periodically improved and relapsed,

but that the cough never left him, but became more pronounced, and deepened into what we usually find in advanced phthisis, accompanied with emaciation and occasional hæmoptysis, we are in a position to say that the patient presents the usual characteristics of catarrhal phthisis.

If, however, he gives a history of persistent cough for many years, as is found in chronic-bronchitis, and eventually furnishes the rational history of advanced phthisis, with the presence of cavities on the lung, we may consider him as having the disease of the fibrous form, in which cavities are the result of dilated-bronchi.

Finally, if the patient says that an early symptom was emaciation, with impaired digestion, accompanied by a dry, hacking cough, and if, moreover, there was a steady rise in the temperature, we are justified in suspecting the presence of tubercular-phthisis.

In considering the value of the clinical history, an important point is the early diagnosis. Observers differ in the import to be attached to physical signs. One physician may examine a patient and feel convinced that the physical signs point to ultimate phthisis, while another may not feel that such a grave prognosis should be given.

[For the Brief.]

CONSTIPATION AND ITS TREATMENT BY ENEMATA.

The great prevalence of this disorder, and the great variety of morbid effects to which it gives rise, seems to demand a different mode of treatment from the too general one of constantly giving "physic." My attention was called to the value of enemata in these conditions by the following case: Mr. A. B., aged 35, born in the United States, by occupation, lawyer. He began to be alarmed by rapid loss of flesh, failure of memory, nervous debility, etc. Cough set in; and he was told by all his friend that he was "going into consumption," He consulted many physicians, but received no benefit. For years he had been habitually constipated, and had been in the habit of resorting to cathartics for its relief, but the condition grew constantly worse. In some

HOW TO TIE A SURGEON'S KNOT.

A surgeon writes to the *Lancet* the following minute directions on this point:

Having placed your ligature under and across the artery, take a free end in each hand; keep the end in the right hand in front of the end in the left hand in crossing the string, so as to make it pass across, around, and up under the end in the left hand; it will still be in front of the other free end, although it has changed hands; keep it in front, in again bringing it across, and complete the knot in the usual way; the result will be a reef-knot. If, instead, you pass the right hand end (which, after passing across, around, and up under the end in the left hand, is transferred, as before, to the left hand, and is still in front), behind the end that was in the left hand (but in making the knot, has passed to the right hand), in completing the knot, you will make a granny. Again: take an end in each hand, the end in the right hand being behind; keep it behind, and pass it, as before, across, around, and up under the end in the left hand; it will come up behind; still keep it behind, and on completing the knot, a reef-knot will be the result. If, instead, before completing the knot, you allow it to pass in front of the other end, so altering its position with regard to its exit from around and under the other end, you will form a granny. In either case, the knot is begun differently, and may be completed in two ways, a right and a wrong. The rule, simply put, is: keep the end that comes up under (from around the other in tying the knot) always on the same side. If it comes up in front of the other end, keep it in front of the other end in completing the knot. If it comes up behind, keep it behind, and you cannot help making a reef-knot; all that remains is to pull it tight.

CHOLERA-MORBUS—CRAMP-COLIC.

R. Tinct.-gelseminum.....½ drachm.
Sulphate-morphia.....¼ grain.

Mix. Sig. Give at once. If rejected, double the quantity of both, and give at a dose. This, in nearly every instance, brings the case completely under control.—*Medical Times and Gazette.*

MONOBROMIDE OF CAMPHOR.

The monobromide of camphor consists of one equivalent of camphor and one of bromine united (C 10, N 16, O. Br.). It is a white crystalline salt, having the odor of camphor and slightly that of bromine. The atmosphere decomposes it at a temperature of 100 degrees, F. Dr. Hammond has used it successfully in infantile convulsions from teething; dose, one gr. each hour; hysteria, four gr. each hour; headache, in females, from nervous excitement or over-study, one dose of four grains being sufficient for cure. Dr. H. says in chordee, in doses of one or two grains each hour, it is a very positive remedy; one or two doses generally giving relief. In nymphomania, there is no remedy equal to this compound salt of camphor and bromine. It is also a positive remedy in spermatorrhœa, nocturnal emissions with amorous dreams, in doses of three or four grains, at bedtime.

In cases of cerebral-anæmia, from excessive venery, it calms nervous excitement; in debility, with cold extremities from feeble heart, it equalizes circulation—impressing the cerebro-spinal system. Dose, three or four grains three times a day. In nocturnal incontinence of urine, it is efficacious in doses of from one to six grains at bedtime. Can be given dissolved in alcohol and glycerine, or suspended in mucilage and syrup. Best administered in genatine-coated or sugar-coated pills or gluten-capsules, as it is of only limited solubility, and has a tendency to irritate the stomach.

NEW METHOD OF REDUCING DISLOCATION OF THE SHOULDER.

M. Maisonneuve (*L'Union Medicale*), being called quite late one afternoon to reduce a dislocation of the shoulder, and unable to obtain assistance, seized the patient by the elbow, drew him over his own shoulder, making the patient's weight the counter-extension, and thus, manipulating the parts with his fingers, succeeded in reducing the dislocation. He has now resorted to this method three times. In one case, also, where the luxation had existed fifteen days, his success was complete.

GELSEMINUM IN IRREGULAR UTERINE CONTRACTIONS.

Dr. Fountleroy says: The following interesting and unique case is briefly submitted in farther illustration of the therapeutic uses of gelseminum. The writer was called in consultation by Dr. William H. Byerly. The following history was elicited: In the *three* previous confinements from the irregular contractions—partially affecting the muscular fibres—without uniform hardening of the uterine globe; from the exhaustive continuance, for two or three days, of the inefficient contraction, marked by frequent pulse, coated-tongue and mental wanderings, the Doctor had been forced to relieve his patient by a resort to instruments. When called upon, the labor had commenced; the os-uteri was partially dilated, *and not at all rigid*, but the contractions evidently involved different planes of the uterine muscular-tissue—first in one part, then in another. From his former experience, the Doctor anticipated trouble and delay. The writer suggested the use of gelseminum, believing that the irregular uterine contractions were due to the want of tone in the sympathetic nervous system. Whether true or not, the result seemingly sustained the theory. Eight drops of the fluid-extract were administered at an interval of two hours. After the second dose, the uterine contraction became more general, and improvement gradually followed, until after the eighth dose, when the patient was delivered, by the unaided forces of nature, of a large, healthy child.—[*Trans. Virginia Medical Society.*

[For the Brief.]

ASTHMA.

I have used the following with good success when other remedies have failed, in the cure of asthma:

R.	Dover's powders	3 drachms.
	Tinct. lobelia	3 drachms.
	Fluid ext. stramonium	1 drachm.
	Spts. niter	2 ounces.
	Camph. water	2 ounces.

M. S. One teaspoonful every half-hour till three are taken; then one teaspoonful every hour till relieved.

G. F. SCHREIBER, M. D.,
West Brooklyn, Ill.

[For the Brief.]

POTASSIUM-BROMIDE IN FEVERS OF CHILDREN.

I have found no other remedy so effectual as the "Bromide of Potassium" to reduce the temperature, lower the heart's action, and to allay nervous excitement in fevers of children. Its effects are immediate and certain, and the results far more satisfactory than those from the use of other more powerful and direct arterial sedatives.

Especially have I found this remedy of great value in the various forms of intermittent and remittent-fevers, combined in these cases with quinine and spirits nitre dulc, and administered during the stage of excitement; or it may be given in a more pleasant form, by dissolving it in sweet-milk, with implicit confidence of good results.

F. G. GRISIER, M. D.,
Feb. 15, 1877. Collins, Indiana.

NITRIC-ACID FOR HOARSENESS.

Dr. W. Handsel Griffiths says that a few drops of nitric-acid, in a glass of sweetened water, a couple of times daily, will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by him—so he says—was for this prescription.

WARM MILK IN HEMORRHAGE.

Dr. Richardson thinks the first point of practice in the treatment of hemorrhage, consists in *withdrawing or withholding the alcohol*, and the *substitution of warm-milk*, has proved the safest and most satisfactory mode of dealing with hemorrhages.

PRURITUS-VULVÆ.

A solution of chloral-hydrate, used as a wash several times a day, with a tampon of wadding, soaked in the same, placed between the labia, has effected a cure in five days, in several bad cases.—[*Dr. Gelle, La Tribune Medicale.*

TREATMENT OF SCARLET-FEVER.

Dr. B. M. Griffith, of Springfield, Ill. (*Chicago Medical Journal and Examiner*), says:

Any practitioner of experience in this malady recognizes the fact that "there is no specific for scarlatina." Any careful observer at the bedside will also recognize the fact that those remedies most potent in treatment are those which destroy the specific poison, control the temperature, and prevent the disintegration of tissue. Of such remedies, sulpho-carbolate of soda, carbolic-acid, salicylic-acid, bromine, iodine, and chlorine are the principal ones.

Take as a typical case, a child, ten or twelve years old, of good, vigorous constitution, in which the palate, uvula, and tonsils are red and swollen, with enlarged and inflamed cervical, inguinal, and axillary glands, eruption well developed, high grade of fever, tongue dry and pulse rapid. The bowels should be kept open; and for obvious reasons, saline catharctics are preferable, like effervescing crab-orchard salts, or seidlitz-powders. For the throat, I generally give this prescription:

R. Potass.-chlorat.....2 drachms.
Tinct.-ferri-mur..... ½ ounce.
Syrup-simpl.....3 ounces.
Aquæ-destil.....2 ounces.

M. S. Teaspoonful, in water, and gargle once in two hours.

In the beginning, cold applications to swollen glands, and frequent allowance of ice, to relieve thirst and check inflammation about the palate, uvula, and tonsils.

R. Acid.-salicylic.-sol.....2 ounces.
Potass.-chlorat.....2 drachms.
Aquæ-destil.....2 ounces.

M. S. Teaspoonful, in water, once in two hours.

(N. B.—The salicylic-acid solution has 2 grains to the drachm, prepared with boracic-acid).

If the temperature is very high, and the thermometer registers 102 degrees, or over, give salicylic-acid solution, two teaspoonfuls, in water, alternating with potass.-mixture, until the temperature is reduced.

EXPECTORANT MIXTURE.

The following is one of the standard formulæ used at Bellevue Hospital, New York City.

R	Ammon carb	32 grains.
	Ext. fl. senegæ	1 drachm.
	Ext. fl. scillæ	1 drachm.
	Tr. opii. camph	6 drachms.
	Aquæ	½ ounce.
	Syrup tolut, q. s., ad	4 ounces.
Sig.	Teaspoonful.	

NITRITE OF AMYL.

Nitrite of amyl has been found useful in cases of spasmodic asthma, angina-pectoris, sea-sickness, and Dr. Lithegow makes the assertion that, in nervous headache, he has never known it to fail to produce entire and almost immediate relief. In those cases of epilepsy, where there is the aura or warning before the seizure, according to several observers, the employment of this agent will in most cases ward off the attack. It has proved beneficial also in neuralgia, migraine and enteralgia.

Not long after the therapeutical properties of this remedy were announced, Dr. Talfourd Jones, in an article published in the *Practitioner*, made the statement that he believed that amyl would be a valuable agent in cases of overdosing by chloroform. This fact has been proven beyond question; and no doubt many lives might have been saved if this remedy had been at hand. A writer has said, that he has such faith in the power of nitrite of amyl to antagonize the effects of chloroform, that he thinks physicians careless who do not carry the two agents side by side to the operating table.

ERGOT IN THE PAINS OF PREGNANCY.

Dr. Putney writes to *Medical and Surgical Reporter*, that he has observed that ergot will relieve severe pain in the back and bowels, uncomplicated with hemorrhage in the pregnant, when threatened with abortion, in fifteen-drop doses every four hours. It surpasses opium in its sedative effect upon the pelvic organs: it subdues the hyperæmia of these parts, thus quieting the disturbance. It is equally satisfactory when hemorrhage is present.

ACIDS.

More frequently the continued fevers will show the indications for acids, sometimes at the commencement, at others, in the later stages of the disease. The indication for them is the *deep-red* color of the mucous-membrane. The tongue is usually contracted, and if coated, will have a tinge of brown. It is frequently associated with the condition and symptoms known as "typhoid." R. Dilute muriatic acid, ½ ounce; simple syrup, 1½ ounce; add to water, so as to make a pleasant acid drink, and give as the patient wishes it; a teaspoonful of the mixture every three hours, is sufficient.

THE CURE OF GOUT BY DIET.

Dr. John Malcolm (*British Medical Journal*) claims that he has averted attacks of gout, to which he has a marked hereditary tendency (both father and grandfather having suffered severely from it), by attention to diet alone. For thirty years he has adhered steadily to a diet consisting of farinaceous food and fruit, with milk and cream, by which means he has escaped any illness. When he could not induce his patients to give up animal food, he succeeded in rendering attacks of gout less severe and less frequent by confining them to fish, fowl, and rabbit (white meats); but in no case has he been able to cure the disease unless he could induce a total abstinence from flesh food.

[For the Brief.]

CHLORAL AS A VESICANT.

In the February issue of the BRIEF, I noticed an article on the external use of chloral. To those enumerated, may be added another. Chloral is a very rapid vesicant. I have used it for this purpose, rubbed with a small proportion of water, and spread on a piece of cloth, of suitable size and texture. There is an objection to its use in this manner; the resulting sore is deep, and heals slowly. In a more dilute form, chloral is a splendid rubefacient application, quicker in its action, and neater to use, than any other I have employed.

E. A. KITTELL, M. D.

THE TREATMENT OF DIPHTHERIA.

Dr. Moore says: I wish to call the attention of the profession to the subject of diphtheria, and its local treatment. Believing, as I do, that it is a constitutional disease, with a local manifestation, I pay special regard to the constitutional treatment by first clearing out the bowels, and then following this up with good round doses of potassæ-chlorat. and potassæ-iodid., in powder, dissolved in a little hot water, and given every hour. Then, as a gargle, detergent, and local application, a solution of chloral-hydrate, four grains (or more) to the ounce of water. This at the head; next, carbolic acid in solution, and the solution made thus: Half a teaspoonful of the melted crystals in a pint of hot water; let cool, and use freely. With these two solutions, I ask nothing further, and bid farewell to argenti-nitras, nitric-acid, muriatic-acid, etc., mops, swabs, probangs, ad infinitum, and treat diphtheria with confidence. Of course, in young children, these solutions have to be applied with a swab. I should not fail to mention, that every morning the patient gets one good dose of quiniæ-sulph., and as convalescence comes on, a tonic, in which iron in some form has a place. Milk and animal broths, all through, as much as can be conveniently taken. This is no theoretical treatment, but is being used every day with success.

[For the Brief.]

INTERMITTENT AND REMITTENT-FEVERS.

For several years, I have used the following in the treatment of the above fevers, nine out of ten being relieved within forty-eight hours:

R. Mass. hydr.
Quinia-sulph.
Pulv. capsic.
Pulv. camph.

Mix. Make pills; one every 3 hours. In bad cases, order ginger-tea on going to bed, which, together with the pills, causes free perspiration— frequently cutting short the disease in 24 hours.

A. TREGO SHERTZER, M. D.

BALTIMORE, Feb. 15, 1877.

P. S.—Capsici and chloroform put into the cavity of a decayed tooth will destroy the nerve. A. T. S.

[For the Brief.]

A CASE OF CHRONIC-DIARRHŒA.

About a month ago, I was called to see a child, two years old, suffering from chronic-diarrhœa of three months' standing. The evacuations, to use the words of the mother, were "every two or three minutes." This was undoubtedly an exaggeration, but it's probable there were from twenty to thirty fecal acts in a day. I gave directions as to diet, and prescribed the following:

R. Fl. ext. ergot.....1 drachm.
Aqua.....2½ ounces.
S. Teaspoonful three times a day.

In two weeks, the discharges came down to *one* in a day, the fecal matter having assumed the natural type. The use of ergot in diarrhœa has, of late, been receiving some attention. Nearly three years ago, I noticed that it had been used by a German physician in the treatment of dysentery. He was treating a woman for menorrhagia, who at the same time had an attack of dysentery. The ergot was given for the former, and to his astonishment, cured the latter also. He tried it in other cases with marked success. I am glad to have had an opportunity to test its virtues in diarrhœa. CHAS. S. WEBB, M. D.

Bowling Green, Va.

[For the Brief.]

DYSENTERY.

Ed. Medical Brief: During the last summer and fall, I treated a large number of cases of dysentery with the following simple remedies with good success, rarely finding it necessary to repeat the prescription. I used it in every instance, when prescribing at my office, but when visiting a case, made such alterations as the prominent pathological manifestations seem to indicate:

R. Fld. ext. ipecac..... 10 drops.
Tinct. aconite (rad)..... 20 drops.
Mag. sulphas. ..... 1 drachm.
Aqua..... 4 ounces. M.
S. Dose.—One teaspoonful every one or two hours, as may be indicated.

The treatment is truly simple and pleasant, but nevertheless very effectual. T. J. FENTRESS, M. D.

THE USE OF ATROPIA IN EPILEPSY.

Among the various remedies which have been tried in epilepsy, atropia, long ago, found a place. For some reason or another, it fell out of use until recently, when Dr. Svetlin has recommended it once more to the notice of the profession. Atropia in small doses diminishes reflex action, and consequently antagonize that reflex spasm of the vascular centres, which is the proximate cause of the epileptic attack. Heretofore, atropia has been given in increasing doses, and in the form of solution. Dr. Svetlin, however, uses only minute quantities, and administers it in pill-form, believing the therapeutic effect of the drug given in this form equally decided, while toxic-symptoms are not likely to appear. R. Atropiæ., sulph., 0.05 grm. (gr. $\frac{8}{10}$); pulv. ext. glycrrhizæ q. s. ut fiat pil. no. 50. Sig., one pill daily. This may be given week in and week out, since in this dose, the drug does not bring on any uncomfortable symptoms.—[*Wien. Medical Presse.*

[For the Brief.]

A CASE OF VERRUCÆ (WARTS) UPON THE GLANS-PENIS.

BY LUIGI G. DOANE, M. D., NEW YORK CITY.

During the month of February, 1877, I was consulted by T. G. M., 23 years, a promising young attorney, in reference to a verrucæ situated upon the glans-penis, near the orifice of the urethra. He stated that three months previous he had been treated for a gonorrhœa, but was not quite well. The verrucæ was small, and surrounded by abraded skin. I prescribed:

R.	Iodoformii.....	1 drachm.
	Tannin.....	1 drachm.
	Bismuthic sub-nitrate.....	1 drachm.

Mix.

Sig. To be sprinkled upon the glans-penis night and morning.

After one week, he returned to me, saying that the growth had become much diminished in size, and that the abraded surface surrounding it had healed. This proving to be the case, I removed the growth with a sharp pair of surgical scissors, and washed the part with a diluted solution of acid-carbolic. The

growth has not since returned, and the parts are thoroughly healed presenting the normal appearance. In searching over works upon skin diseases (Fox, Wilson, and others), we are informed that verrucæ may be hard and round, and supplied with blood-vessels; they are caused by irritation of the skin, syphilis, and from the irritating properties of blood of subjects in the autopsy-room; that if removed, they grow again; that the treatment consists in removal (Smith's Surgery) by means of knife or other means, when they are in a form unhandy to operate upon by knife.

Some authorities upon diseases of the skin claim they are hereditary (Prof. Hartshorn, of the University of Pennsylvania). There is no doubt that the verrucæ in question arose from the irritation produced by the gonorrhœa; and this belief is borne out by the fact that the application of the iodoform and tannin healed the one mentioned.

HOW THEY PULL CHILDREN'S TEETH IN PARIS.

In the Children's Hospital in Paris, the nurse goes round at night A. M., and gives to each child under sentence, from thirty to fifty grains chloral-hydrate. The dentist follows in one hour, and the child wakes up an hour or two afterwards and wonders what has become of its tooth.—[*Pacific Medical and Surgical Journal.*

[For the Brief.]

IMPOTENCY.

I have used the following with success in impotency:

R.	Tr. fer. chlor	3 drachms.
	Acid-phos. dil	3 drachms.
	Tr.-vucis vom	1 drachm.
	Tr.-canthar	1 drachm.

Mix.—10 to 20 drops in a glass of water three times a day.

DON ROY, M. D.

CATARRH OF THE BLADDER.

R.	Acetate-potash	2½ drachms.
	Bromide-potassium	2½ drachms.
	Tinct.-hyoscyamus	1 ounce.
	Infus.-buchu	1 pint.

M. Dose, two ounces every three to six hours.

APIOL.

This preparation is a dark-colored, thick, oily-fluid, and is the active principle of the parsley-root. This root was known to the ancients as a diuretic, and a so-called emmenagogue. More recently, apiol has been separated and used successfully for the same purposes as the root. Unquestionably, this is one of the most reliable medicines to be employed in cases of amenorrhœa and dysmenorrhœa. Many reliable authorities assert that, "whether the object be to promote the primary establishment of the menses, to restore them when suspended, or to render them abundant, when they are scanty and attended with pain in the pelvis, loins, and thighs, no medicine is more worthy of confidence than this." "In amenorrhœa, scanty menstruation and dysmenorrhœa," says Stille, "the efficacy of apiol is very remarkable."

I have been employing apiol in the classes of cases named above, and am very much pleased with the results of its administration, especially in that class of women who suffer very considerably at each menstrual epoch.

Dose.—The dose of apiol is five or six drops, three or four times a day, prepared as an emulsion with mint water. On account of its disagreeable taste, it is prescribed much more elegantly in the form of capsules, known as apiol-pearls—each pearl containing five drops of the medicine.—[*Dr. Chapman, in Tol. Medical and Surgical Journal.*

CHLOROFORM IN HEPATIC-OBSTRUCTION.

Dr. Foster says, in *Medical and Surgical Reporter:* In 1870, I had under my treatment, in British-Honduras, a lady, of whose life all had despaired. She had long labored under intermittent and remittent-fevers; and often suffered with, as I supposed, the passage of biliary-calculi. She had become so anæmic that her veins seemed to be filled to distention with yellow water, tinged with blood; she was so swollen with dropsy, and so weak, that she could not put on her shoes or stockings. The skin was literally "distended to utter bursting nigh;" and to render her condition more hopeless, she was in the family-way; and, to make desperation more desperate, she fell into labor! But as the fœtus was immatured, for want of the necessary

pabulum, I succeeded in taking it away, almost without any help on her part. I gave her quinine, muriated tincture of iron, and digitalis, to arrest her fever, thicken her blood, and strengthen the action of her heart, and eliminate the surplus water. But I now come to the point I started for. I had frequent occasion to give chloroform to alleviate the hepatic-colic. And I recollected observing that all those persons who indulge in chloroform, instead of opium, looked blanched, like celery. I found my patient's jaundice was rapidly clearing away. I concluded that the chloroform was dissolving the inspissated-bile, and I was the more liberal in the use of it. I have frequently given it since, for such cases, and also for ordinary colic. I give half a drachm to a drachm, thoroughly shaken, together with a tablespoonful or two of castor-oil. The lady alluded to here recovered perfect health, became fat and rosy.

Last year, I had under my care a young, married lady, with jaundice. She had the most enormously-engorged liver I ever saw; frequently was feverish; her blood turned to yellow water; great prostration; on two different occasions, her eyes were closed like death. But by perseverance with remedies, into which chloroform entered liberally, she recovered perfect health, became quite fleshy and rosy.

PRESERVATION OF MUCILAGE OF GUM-ARABIC.

It is stated by Archer & Co., of Norfolk, Va., that mucilage of gum-arabic may be preserved for a long time, if made with tolu water (prepared by triturating 2 drachms of tincture of tolu with 4 drachms of carbonate of magnesium, then with 2 pints of water, and filtering). The slight odor and taste of tolu is considered to be unobjectionable, and the mucilage thus made is admissible for most of the purposes for which it is employed.

CARBOLATE OF IODINE.

Tinct. iodinii comp	1 drachm.
Acid-carbolici	6 drops.
Glycerine	1 ounce.
Aquæ	3 ounces.

The solution soon loses its iodine color, becoming clear and colorless. It is used for inhalation.—[*Pharmacist.*

ACTUAL CAUTERY IN PARALYSIS AND EPILEPSY.

Dr. Dupuy says, in *N. Y. Medical Journal:* My object in this paper is only to make known the good effects of the actual cautery; I shall now state how that instrument is used in order to be efficient. The rules which follow have been long since given by my eminent friend and teacher, Dr. Brown-Sequard: 1. The instrument has to be heated to whiteness; 2. It must be shaped like an olive (blunt end); 3. It must not be allowed to burn the skin, but is passed rapidly along the space to be acted upon, so that after the operation is over, nothing is seen but a *white line*, very much resembling a scratch with a finger-nail. So applied, it is never painful. It can be repeated every other day, as there are no scars and no irritation left. The necessity for observing these rules is obvious, as the object of the operation is to act on the terminations of nerve-fibres in the skin, but not to destroy them; hence, it is clear that the method of first applying ether-spray on the spot to be cauterized, so as to deaden the pain of the cautery, mars the good effects of the application of the instrument, because the ether-spray is itself *more painful* than the actual cautery, when the latter is used after the manner above stated; and, moreover, it anæsthetizes the nerve-ends upon which it is desired to effect, so that the cauterization becomes useless.

QUININE AND MORPHIA IN SLEEPLESSNESS.

Sleep is of great importance to the well-being of the sick, and the disease is sure to show unpleasant symptoms, if there is much loss of sleep. As a rule, the influence of the sedatives, with the bath, is sufficient to so relieve the nervous system that the patient will sleep. Sponging the patient's face and hands, shaking up the pillows and bed, change of position, and absolute quiet, and darkness, will frequently be sufficient where there is continued wakefulness. In some cases, the feet may be sponged with hot mustard-water, thoroughly dried and wrapped in flannel, and a bottle of hot water or a hot brick put to the feet, as an additional means of procuring sleep.

But when these simple means fail, and the patient suffers from sleeplessness, we may be obliged to resort to remedies to induce sleep. If the pulse is softened, the skin not so dry and harsh, and the tongue moist, give a quinine-pill of one grain, and a morphine-pellet of one-eighth grain together.

BOOK NOTICES.

THE PRACTITIONERS' HAND-BOOK OF TREATMENT, OR THE PRINCIPLES OF THERAPEUTICS. BY J. MILNER FOTHERGILL, M. D., MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, ETC. PHILADELPHIA: H. C. LEA. 1877.

This is a book of nearly 600 pages. It is one of the really very few good, practical works on medicine. It is the best work for the general practitioner that has been published for many years; in fact, it is absolutely indispensable to those desiring to become skillful practitioners. Buy this book and read it, and you will thank us for the advice.

REPORT ON THE INFLUENCE OF CLIMATE ON PULMONARY DISEASES IN MINNESOTA. BY FRANKLIN STAPLES, M. D.

Conclusions are that an intelligent discrimination should be exercised by the profession concerning the patients to be sent to Minnesota, and that, for the consumptive, merely temporary residence there, is not likely to result in permanent benefit.

POPULAR SCIENCE MONTHLY. NEW YORK: D. APPLETON & COMPANY.

Five dollars a year is cheap enough for this excellent periodical. Among its contributors are many of the ablest medical and scientific men of the age.

A CASE OF FIBROID-TUMOR OF THE UTERUS, CAUSING ECLAMPSIA, WITH REMARKS ON UTERINE-FIBROIDS IN GENERAL, AND ON THE CAUSE OF PUERPERAL AND NON-PUERPERAL ECLAMPSIA. BY B. B. BROWNE, BALTIMORE, MD. REPRINT AMERICAN JOUR. OBSTETRICS.

Interesting and well-written; shows patient investigation of the subject.

THE "ANATOMIST."—We have received a well-executed copper-plate engraving, called "The Anatomist," published by R. Berendsohn, 48 and 50 Nassau street, New York. The engraving is possessed of a good deal of merit. It is from a painting on exhibition in the Art Gallery at the Centennial exhibition, which attracted considerable attention. It is a very suitable picture for a Doctor's office. Price on white paper, $1.00, on tinted paper, $1.25.

IODIA.

BY J. A. FERRIS, A. M., M. D.

At the suggestion of a medical friend, I commenced to prescribe "IODIA," in May, 1876, since which time I have prescribed it largely. I find it to be a reliable alterative and a uterine regulator of great therapeutic value. Possessing the above combined properties, I regard it as the most valuable remedy we possess in the treatment of chronic womb-diseases, syphilis, scrofulous and skin-diseases. In my hands, it has gone through the ordeal of severe test, and now stands with me at the head of the list as a remedy in the treatment of various chronic-diseases. I am satisfied we have no agent as reliable as "IODIA" in the treatment of syphilis. It is in this disease especially that it shows its great superiority over all other remedies as an Alterative; and it is surely, therefore, a great boon to the profession, in the treatment of that portion of suffering humanity who have been worsted in their miscellaneous fights in the wars of Venus. I will also mention here that it is worthy of a very high position as a tonic. It can also be successfully employed in all diseases in which iron is indicated. In consequence of its twofold action as an alterative and uterine regulator, it is especially useful in uterine-lesions—being, I think, the best remedy in all forms of leucorrhœa, and in some forms of amenorrhœa, ulcerations of the os uteri, etc. I have found "IODIA" to be peculiarly valuable in all those cases of impaired health, where the complexion is muddy or pimpled, the skin dry, bowels constipated, or in other words, in all cases where the excretory organs at large need acting upon; indeed, when we come to think of it, it is not at all difficult to comprehend why an agent which gradually improves the general excretion, should also gradually improve the general health. For ladies, I generally prescribe it, combined with fluid ext. liquorice, as follows: R. "IODIA," 4 ounces; fld. ext. glycyrrh, 2 ounces; mix. Teaspoonful, four times a day. For male adults, I generally prescribed it alone. Dose, one to two teaspoonfuls, 3 or 4 times a day.

PHILADELPHIA, Feb. 7, 1877.

FEMALE DISEASES.

By Jason P. Allen, M. D.

I am an old fogy. I believe in medicine. Twenty-six years' experience as a busy practitioner has taught me the value of medicine in curing disease when given in sensible doses and perseveringly. It is my habit, when I commence to use a medicine, to study it closely, to test it fairly, and to use it perseveringly until I know something about it. Then I know what to expect from it; and therefore it rarely afterwards disappoints me.

There is a tendency in the profession to rely too little upon constitutional remedies and too much upon local measures; in fact, do too little for their patients. Correct diagnosis and good medicines (prepared by competent chemists, who have reputations to sustain) bring success; and is the only way to get it. This, however, is a digression from my subject. I started out to add my testimony to the value of Iodia (prepared by Messrs. Battle & Co.) as a Uterine Alterative and Tonic. The remarkable success attending its administration in the Diseases Peculiar to Females renders it a great boon to those Practitioners who have much practice among the fair sex.

I have tested Iodia thoroughly in Uterine Leucorrhea, Ulcerations, Congestions, Amenorrhea, Dysmenorrhea, Prolapsus Uteri and Uterine Neuralgia; and I do not hesitate to say, that it not only surpasses any other medicine in the treatment of female diseases, but that it is the only reliable Uterine Alterative known to the profession. For the permanent cure of Dysmenorrhea, it must be given regularly and persistently for months.

In Leucorrhea, and other diseases of the fair sex, its use should be persevered in until the system is fairly brought under its constitutional influence. I must freely confess, at the risk of being called a routinist, that I am daily in the habit of prescribing Iodia in female difficulties of a seemingly opposite nature; but the results are so satisfactory that I naturally continue to do so. I believe that the Medicine so acts upon the diseased Uterus as to restore it to a physiological condition. I have at least *one fact* constantly before me, my female patients improve and get well under its use; and *this* pleases me; and their complexions always wonderfully improve under its use, and *that* pleases them.

Galveston, September, 1876.

International Exhibition, Philadelphia, 1876.

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GELATINE CAPSULES

Of all kinds. Also Empty Capsules—5 Sizes.

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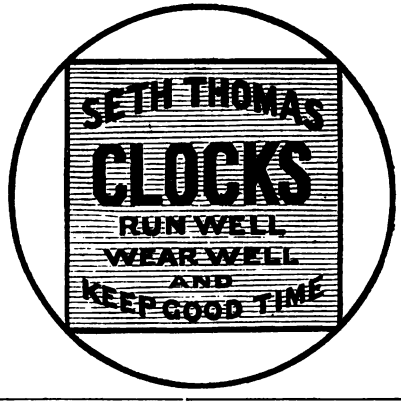

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Vol. V. ST. LOUIS, MAY, 1877. No. 5.

TREATMENT OF SALIVATION.

Dr. Keyes says: The use of chlorate of potash, during a mercurial course, allows a greater quantity of the mercurial to be administered without producing salivation:

R. Potass-chlorate.....4 drachms.
Aquæ-menth.-pip.....2 ounces.
Syr.-simpl.....2 ounces.

S. Teaspoonful in water every two hours.

The approach of salivation is heralded by certain symptoms. The breath acquires a peculiar flat, foul odor, called the mercurial fetor, which is very characteristic. It commences mildly before salivation, and persists with increasing intensity through the duration of the latter. The tongue gets coated; the mouth tastes constantly of copper (as the patient puts it), and is particularly disagreeable upon waking in the morning; the secretion of saliva increases; the gums get redder than usual, especially at the necks of the teeth.

All these signs forerun actual salivation. When they are present the mouth is said to be "touched," and the prudent physician, looking out for these signs, can generally avoid actual salivation by making his patient cease his mercury, and take a drachm and a half (about) of chlorate of potash in solution daily, together with frequent warm baths.

In actual salivation all the symptoms already detailed are much intensified. The tongue swells, and it, with the lips and sides of the cheek, may ulcerate. The gums sometimes show a purplish line along the neck of the teeth; they become spongy and fungous, bleeding at the slightest touch. The teeth loosen and project from their sockets; portions of the jaw may necrose; meanwhile pints of saliva are daily dribbling through the swollen lips.

In full salivation, an excellent remedy is the subcutaneous injection of sulphate of atropine:

R. Atropiæ-sulph..... 1 grain.
Aquæ-destil.....1 ounce.

S. Five minims subcutaneously.

About one-hundredth of a grain is enough to give at a time. The dose may be repeated several times a day, watching the effect upon the pupils. The salivary flow is generally greatly influenced by this means.

Of course all mercury is to be stopped; warm baths should be ordered. A mild alkaline diuretic is given:

R. Potassæ-citratis.....1 ounce.
Aquæ.....4 ounces.

M. S. Teaspoonful in a little water four times a day.

Chlorate of potash in a solution of a drachm to the pint may be used as a constant mouth-wash, and from 1 to 2 drachms of chlorate of potash in solution taken into the stomach daily. An astringent mouth-wash is often of service:

R. Pulv.-aluminis.....1 drachm.
Sodæ-biboratis.....8 ounces.
Aquæ.....8 ounces.

Or,

R. Acid-tannic.....1 drachm.
Mellis.....2 ounces.
Aquæ.....6 ounces.

Or,

R. Tinct.-myrrhæ.....4 drachms.
Aquæ-gaultheriæ.....8 ounces.

Where disinfection is required, one grain of permanganate of potash in an ounce of water, or a half of a one-per-cent solution of carbolic-acid, or a teaspoonful of Labarraque solution in a glass of water, may be used as a constant mouth-wash.

The patient should be restricted to a milk-diet or to very soft articles of food.

[For the Brief.]

DIPHTHERIA.

EDITOR MEDICAL BRIEF—*Dear Sir:* Having treated a large number of cases of diphtheria after the following plan, and not having lost a case, I briefly give the treatment, in your journal, to the profession. When called to see a case, I make the following prescription, varied according to age, etc.:

R. Fluid-ex.-baptisia.....2 drachms.
Fluid-ex.-phytolacca.....1 drachm.
Hyposulphite of soda.....4 drachms.
Aqua.....4 ounces.

Mix. Teaspoonful every two hours; also use as a gargle every hour or two; rub the neck with a mixture of sweet-oil and spirits of turpentine, and then apply fat meat to the throat and *keep it there*; in bad cases, rub the body all over with lard at least once a day.

Respectfully,

LESLIE LUCAS, M. D.

PILES—IMMEDIATE CURE BY IGNI-PUNCTURE.

Dr. Reeves, of the London Hospital, has been trying igni-puncture, and found it invariably to rapidly cure piles. He draws down the piles, and then punctures to their bases with conical pointed ends made to fit on to the gas cautery. A dull red heat is required, and two or three punctures suffice for a pile the size of half a walnut. Hard ones to be pierced to their soft attachment. Ulcers and fissures in connection can be touched with the cautery. The bowels are kept confined by a morphine suppository for two or three days. The first motion is painful, but not so bad as before operation; and in a week the patients are discharged cured—a most favorable result which Reeves contrasts with those obtained by clamps or ligatures. He does not seem to have seen the plan of injecting with carbolic acid lately mentioned in *The Doctor*. He sums up, in the *Lancet* of the 17th ult., the advantages of his plan, as follows:

1st. The operation is quickly done.

2d. The cure is much more speedy, as, by the ligature or clamp and cautery, three weeks is considered quick time for convalescence.

3d. There is no fear of secondary hemorrhage, as there is no ligature to separate, and no wounded surface to cauterize.

4th. Nothing is removed. To the patient this is very often a strong recommendation; to the surgeon, at first and without experience of this method, it may seem a drawback, but sufficient trial will convince him to the contrary.

5th. There is no apprehension of secondary abscesses and fistulæ so far as my experience has gone.

6th. There can not possibly be a stricture as a result of the operation. That this has occurred several times after the old methods no one can gainsay; and I may quote a case sent me by Dr. Heywood Smith, on which I operated by the clamp and cautery, and only removed the piles, and not a particle of other rectal tissue, and in seven weeks had to commence the use of bougie for an annular stricture near the orifice. Nothing of the kind pre-existed.

7th. There are no relapses. Two of the cases I operated on had been elsewhere treated by ligature, and the other with clamp and cautery. Of course, if all the diseased part be not punctured at the time of operation, the portion left untouched may be the source of future trouble, necessitating an operation; and it may be that this was the explanation of the relapses in the two cases just mentioned. On the other hand, it is fair to state that other veins, already weak at the time of operation, but not sufficiently so to attract attention, subsequently enlarged and required meddling with.

8th. In patients who can bear a little pain, no anesthetics are necessary, as the operation is a quick one.

It is obvious that this plan can be applied to other varicose veins and to nævi.—*The Doctor.*

CHLORAL IN TETANUS.

Dr. Agelastos reports two more cases of tetanus, though idiopathic, which were cured by the administration of chloral. The first patient, a baker, twenty-eight years old, entered the hospital with symptoms of tetanus, which had appeared after exposure to draught while in perspiration. At first, one grain of morphine was administered without producing sleep. Nothing but a little liquid could be swallowed. One drachm of chloral,

with thirty drops of tincture of opium, was then given; after this dose the patient slept, and swallowed a pint of milk. The dose was increased on the following day, and the patient improved in every respect; but as soon as the dose was diminished the contractions and trismus reappeared. The largest dose given in one day was three drachms of chloral and four grains of opium; the latter was then discontinued, and the chloral given alone, of which the patient for ten days received two and a half drachms per diem, with the effect of producing complete calm. This quantity was diminished as the patient showed improvement; and he was discharged, cured, after two months. During his sickness he had received eighty-nine drachms of chloral. The second case was that of a child of five years, affected with idiopathic tetanus, cured by the administration of chloral; the largest quantity taken in one day was one scruple. The author observes that chloral given with opium is more efficacious, but produces constipation, loss of appetite, and cerebral congestion, while chloral given alone produces calm sleep, without loss of appetite or headache. In regard to the possibility of preventing tetanus, the author has for two years past always administered chloral in cases threatened by traumatic tetanus, and states that he has thus always prevented its occurrence.—*Gaz. Med. de Paris.*

REMEDY FOR HEADACHE.

Dr. Lockridge says: Having observed the bromide of potassium in twenty or thirty-grain doses, and tincture of aconite root separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wineglassful of water, the same to be repeated in an hour or two if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others, who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture:

R. Bromide of potassium.....2 ounces.
Tincture of aconite root.....1 drachm.
Distilled water.....2 ounces.
Simple syrup.....2 ounces.

M. S. Take a dessertspoonful in some water every hour until relieved.

PRACTITIONER.

A NEW ABORTIVE TREATMENT OF PNEUMONIA.

Dr. Scearce says in *Medical Reporter:* I wish, through your columns, to direct the attention of the profession to a new abortive treatment in the congestive stage of pneumonia, a treatment as rational in theory as it is simple and effective in practice.

During the past winter I have treated seven consecutive cases (three children and four adults) with the ergot of rye; and in every instance the disease was aborted, and the patient convalescent in from two to three days from the administration of the first dose.

I gave Squibb's fluid-extract, in half-drachm doses, for adults, repeated every two hours, until the symptoms were relieved, or ergotism produced, indicated by dilated pupils, vertigo, a sense of fullness in the head, drowsiness, etc. In order to test it thoroughly, I used no other remedy, either local or constitutional, and carefully watched the result. In from twenty-four to thirty-six hours the pain was relieved; the high temperature, rapid pulse and hurried respiration brought down to their normal state; expectoration lessened in quantity, and deprived of its blood-stained character; and instead of waiting from seven to nine days for the disease to run its course, as it does under the usual treatment, our patients were entirely relieved in less than half that time.

Such a result in so many cases cannot be regarded as a mere accidental *post hoc*, but justifies the conclusion that it was the direct effect of the remedy.

The contractile power which ergot exerts over circular muscular fibre has been fully established, both by experimental and clinical observation. It is by virtue of that power that it acts so promptly in cutting short this disease. By lessening the diameter of the capillaries of the lung tissue, it relieves present and prevents further congestion, and the pain, cough, dyspnœa, and pyrexia, which are but expressions of that congestion, are relieved *pari passu*. In this manner, it acts as a true antiphlogistic; indeed, should be placed at the head of the list of that class of remedies.

I hope others will give it a fair and impartial trial in the treatment of pneumonia, and report their success or failure. To

do so, be sure that a reliable article is used, as much of the ergot in the market is worthless, and its uncertain or negative action due to that fact. Administer it in such doses, and at short intervals, that the system may be rapidly brought under its influence, which can only be known by producing its specific effects.

Do not complicate the treatment by the use of other remedies at the same time, but give it singly and alone; let it stand or fall upon its own merits. After the disease is controlled, it should be continued for a day or two longer in diminished doses, and at longer intervals, for the weakened capillaries, if entirely set free from its contractile power, easily give way to congestion again. In one of my cases, I discontinued the medicine as soon as the symptoms were relieved, and a relapse occurred, but readily yielded again to the same treatment.

DIPHTHERIA SUCCESSFULLY TREATED.

Dr. Chenery says: Having had a pretty large experience in the treatment of this serious disease, I speak with some confidence. To save words, let me say how I look at the disease and what I have done for it.

The disease is of *vital* or germ origin, at first affecting the blood, then expressing itself locally in the throat. This is shown by the breath having its peculiar odor oftentimes before any eruption shows itself in the throat, and by the evanescent efflorescence sometimes seen at a very early stage on the skin. I have also seen several children in convulsions by the disease before the peculiar patches appeared. The cause of the disease being vital, it multiplies itself as the poison of small-pox multiplies itself, and is contagious.

With the rapid change in the blood, the forces of the system are undermined, and prostration ensues, and the patient sinks, if feeble, or if the disease is very bad. I have never seen but one case die by reason of the disease in the throat, and that was one where the membrane formed in the trachea after it had formed upon the tonsils, my course of treatment not having been followed in the case.

If this be the order of development of the disease, it is

evident that the true philosophy of treatment leads to an attack, and that at an early date, on the disease or poison of the disease in the blood. This is striking at the root of it, while to begin our treatment on the throat is to cut the tree down from the top; hence the frequent failures. Of course there are those who will survive the blood poisoning, and these will get well anyway.

How then shall we come at this? I answer, by a timely diffusion of *sulphurous-acid in the blood.* If we cannot begin treatment until three to five days have elapsed, the chances are hard against us; but if we can see the patient earlier, my experience is almost a uniform success. My remedy for this state of things is the *hyposulphite of soda*, from 3 or 4 grains to 20 or more in simple syrup every two or three hours, according to age and circumstances of the case. My object being to impress the system by the agent and arrest the blood change, I think it likely that some other agent which will set sulphurous-acid free in the system will do just as well, or perhaps better. But this seems to me to be the point to gain.

Of course, blood change has already taken place to a considerable degree before the person begins to feel sick; hence necessity for other means to stimulate and sustain the vital powers, if this be an allowable term. For this purpose I use a tincture made by digesting 1 ounce each of capsicum, powdered myrrh, and powdered guaiac in a pint of alcohol (compound tincture of myrrh), giving 3 or 4 drops up to half a teaspoonful or more, as the patient can bear, in alternation with the doses of the hyposulphite. This is what I give in milk—sweetened milk—using the milk as freely as I can for the food of the patient. It should never be given nearer to the hyposulphite than an hour, as the hyposulphite prevents the digestion of the milk. This tincture is a powerful alterative stimulant, feeling better on the diseased throat than on the neck, allaying pain, and conducing sleep. Doses of this tincture answer the double purpose of a local application and a diffusible stimulant. Should there be much irritation of the kidneys, as there sometimes is, its use should be suspended in part at least.

Quinine can be given in the elixir of eucalyptus, 1 grain to a drachm, in conjunction with either the hyposulphite or the tincture (such doses being given as may seem best.) If the tincture of iron is to be given, it may occasionally be substi-

tuted for one or the other, or given in between. After a day or two the period between the doses may be lengthened if the case improves.

For the swelling in the neck I know of nothing equal to steaming the throat by baked potatoes. Ten or a dozen good size potatoes are put into the oven till done, when a child's stocking is filled with a sufficient number of them, and held under the throat, and brought up over the tonsils on the tips of the nurse's fingers, the nurse standing over the head of the child laying in bed. When all is ready, two or three seams are broken in the potatoes, to let the steam slowly out. In a few minutes they may be broken a little more; and so on for fifteen or twenty minutes, till they cease to be hot, when they are to be thrown away for a new bag; to be succeeded by a third one, if necessary, for thorough work. This process may be gone through three or four times a day, if the child bears it well, and the swelling is great. After removal of the potatoes the neck should be bathed with a liniment consisting of 1 ounce of liniment of ammonia, and 1 drachm of oil of turpentine, used with care, so as not to blister. Keep the patient's feet warm, as a relief to the pain in throat. In my own sickness, which was before I used this treatment, I found heat to my feet the source of the greatest comfort to my throat and neck.

Out of about one hundred and seventy-five cases which have come under my care, all have recovered under this treatment, except those whom I have seen late in the disease, or who were in delicate health from some other cause, when taken with diphtheria. Theoretically and practically this mode of treatment suits the necessities of this grave disease better than any other of which I have read, and if judiciously employed, is not difficult of application. I do not swab the throats of small children, nor do I drug with alcohol, since to my mind it hinders the elimination of the poisons of the disease.—*Druggist Circular.*

IN FETID DIARRHŒA OF CHILDREN.

R. Creosoti	12	drops.
Acid. acetic dilut	12	drops.
Tinct. opii	24	drops.
Tinct. krameriæ	6	drachms.
Mucilag. acaciæ	1½	ounce.
Aquæ menth. pip	1½	ounce.

M. S. Dessertspoonful in water every two or four hours.

[For the Brief.]

SALICYLIC-ACID AS AN ANTI-RHEUMATIC.

EDITOR OF MEDICAL BRIEF: I wish to add one to the many testimonials in favor of salicylic-acid as an anti-rheumatic. I was called, on the second day of February, to the bedside of Miss L. B., aged sixteen. Found the patient suffering intensely from an attack of acute-rheumatism. She presented the following symptoms: Pulse beating at the rate of 120 per minute, skin dry and hot, complained of severe headache, and much tenderness over the spine, bowels lax, urine scanty and high colored. The joint of the right thumbs were inflamed, red, and hot; also the left foot and ankle; very painful. Applied counter-irritation to the spine, and prescribed bi-carbonate of soda, to be given every four hours, alternated with syrup of acetate of potash and digitalis.

February 3d.—The headache had subsided; otherwise, the patient was very much worse, and unable to move a hand or foot. The joints were all inflamed, and very much swollen; the pain sharp and lancinating; patient delirious, not having rested in the least during the night. Prescribed veratrum-veride; continued the syrup of acetate of potash, and administered sulphate of morphine sufficient to produce sleep.

February 4th.—Visited the patient at 8 o'clock in the morning and found no improvement; prescribed salicylic-acid in 10-grain doses, to be given every three hours, and discontinue all other medicine.

February 5th.—Visited the patient at 8 o'clock and found her nearly free from pain, and rational; pulse natural; swelling had left the joints, and their natural color had returned; patient much improved every way; continued the use of the acid.

February 6th.—Patient very much improved; no pain; no swelling, and the rheumatism was seemingly subdued; but other symptoms were ushered in. Patient complained of a buzzing sound in the ears, as if a swarm of bees were near her head; was also quite deaf; discontinued the salicylic-acid, and prescribed acetate of potash and bi-carbonate of soda.

February 7th.—The unpleasant symptoms had subsided, but

the rheumatism was returning in the knee and elbow of the left side; pulse, 112 per minute; prescribed salicylic-acid, as before, and discontinued the other medicine.

February 8.—Patient again relieved of rheumatic-symptoms; pulse, 80 per minute, and the patient was feeling quite like herself again.

From this time on the acid was taken every six hours; and the patient steadily improved without farther trouble, except slight symptoms of pericarditis, which lasted only two days.

W. W. SEABURY, M. D.

[For the Brief.]

"APOCYNUM CANABINUM."

EDITOR MEDICAL BRIEF: The medical properties of this valuable agent entitle it to a more extensive use in dropsy than one would be led to infer, from the silence so conspicuously shown by a majority of the medical periodicals of the day. As to its being a positive remedy in œdema, anasarca and dropsy of the serous cavities, there can be no question, when the proper indications for its use are heeded. Our experience in its use for many years warrants us in saying that it should not be used with any expectation of success when there is a hard, quick pulse, hot skin, and other manifestations of fever or inflammation; nor in dropsy caused by cardiac disease, or organic disease of any internal organ, until we have corrected, as far as possible, the special lesions by an appropriate remedy, or remedies directed either to the circulation, or special organic lesion, as the case may be: then give apocynum, and you will not be disappointed in a majority of cases in witnessing the removal of effused fluids from the cellular or serous cavities. How this is accomplished is not yet positively determined. Some writers contend that it strengthens the circulation, promoting activity of the absorbent system. Others that it hastens disintegration, not only of the nitrogenous elements of the body, but also that of nerve tissue, the phospates in particular. We are inclined to view its modus operandi in two ways: First, its primary action, as a powerful stimulant to the absorbent system, rapidly filling the vessels with effused fluids; second, its secondary action tending principally to transform the already effused fluids into the proper

products to be eliminated by the kidneys. These are simply our views; yet we hope that some one, of more experience and closer observation, will favor us (through the BRIEF) with a clearer and more comprehensive view of its action on the animal economy. When given in large doses it acts nicely as a hydragogue cathartic, preferable in my judgment to eleterium. A reliable fluid-extract is the best form fo radministration. I am in the habit of using it something like the following:

R. Fluid-extract apocynum.....2 drachms.
Spts.-lav.-comp..... ½ ounce.
Syr.-simplex.....3½ ounces. M.

S. Dose, a teaspoonful every three or four hours, increasing or lessening the dose as circumstances may indicate.

T. J. FENTRESS, M. D.

PRINCESS ANNE, C. H., VA., April 12, 1877.

EDITOR OF MEDICAL BRIEF: I have used for the last two and a half years the following remedy in gleet, with an inviting success to continue:

R. Bals.-copaiba.....50 grains.
Pul. cubeb.....25 grains.
Cooked turpentine..... 15 grains.
Medicinal tar.....10 grains.

M. Ft. s. a.; #75 pills. Sig: The first two days take six; then increase one or two daily until twelve are taken.

I, at the same time, instruct the patient of his hygiene, and recommend as a drink tar-water.

Where there seems to be a urethral debility, I add to the above 1½ grain of perchloride of iron. Notice is given to the patient to observe the effects of the remedy on the stomach, and act accordingly; that is, take three, four, five or more pills during the day.

J. P. FRANCEZ.

FOR THE REMOVAL OF COMEDONES FROM THE FACE.

Gutceit recommends the washing and rubbing of the skin with diluted liq-ammoniæ—one teaspoonful to a wineglassful of water.

SALICIN IN RHEUMATISM.

Dr. Morrison says in *Medical Times:* I have employed salicin in the treatment of acute-articular-rheumatism in three cases, and I will give you the result of the treatment. In the first case, a girl, aged 9 years, and the second attack—the first one lasting for two weeks—I found, December 6, the temperature 104½°, with pain and swelling of knee and ankle, also pain over the heart, accompanied with friction-murmur. I ordered magnesia to be followed with alkalies in full dose, and in six hours by salicin, gr. xv., to be repeated every two hours. When this treatment had been pursued two days, I found almost complete recovery, and the dose of salicin was lessened, and was not required after the third day.

CASE 2—Boy aged 10 years. The same course of treatment was followed as in the previous case, with the same success, in three days.

CASE 3—February 2. This is the same girl I saw in December, and the same treatment was pursued; but at the end of the second day my stock of salicin was exhausted, and on the fourth day I again began the administration of salicin as before, and on the fifth I pronounced the case well.

I give the salicin in water, and from my experience believe that the dose required is not less than 20 grains for an adult, to be repeated every two hours, and continued for two days or until pain is entirely relieved. Not a single unpleasant symptom has followed the use of this remedy in my cases, and in the last case the patient was able to walk about the room during the whole course of the disease.

TREATMENT OF DIPHTHERIA.

Dr. Schuler treated 79 cases, and in order to ascertain the effect of different remedies, he tried chlorate of potassium, carbolic acid and salicylic acid. He lost six patients of 41 treated with chlor.-potass; one of 23 treated with carbolic acid, and seven of 15 treated with salicylic acid. These results do not speak in favor of the salicylic acid in diphtheria.—*Berl. Klin. Woch.*

KEROSENE-OIL IN CROUP.

Dr. Harvey says in the *Medical and Surgical Reporter:* The following case came under my notice in January of this year: A child, 2 years old, was taken with diphtheria, and my usual "sheet anchors" failed me; he grew no better, and January 21st he began to show symptoms of croup. They increased until January 24th, when I gave up all hope of saving him, expecting he would go as his brother did the week before him.

As I was called away suddenly, I ordered, as a last resort, a bath from vapor of pine-tar every hour, until I should return.

Returning a few hours after, I found less dyspnœa, and rejoicing in this newly found remedy, again left him, each time finding the dyspnœa abating, until he recovered from the croupy symptoms.

My disgust was soon as great as my former joy at learning from the parents the following truth, viz: after giving the first bath he was greatly relieved for a time, but was soon suffering as bad as before, and after giving the second, with no better results, they gave him one teaspoonful of kerosene-oil. They said it relieved him instantly. In four hours they repeated the dose; and it was after the second dose that I saw him last; for upon learning the truth of the matter, I ceased treating him. Certain it is that the child recovered his health, and is the only one of my patients with membraneous croup that I have saved this winter.

DR. WEST'S FORMULA FOR CHOLERA-INFANTUM.

R. Magnes.-sul.....1 drachm.
Tinct.-rhei.....2 drachms.
Syr.-zinzib.....1 drachm.
Aq.-menth.....9 drachms.

S. One drachm three times a day for a child a year old.

FOR NEURALGIA.

R. Ammoniæ muriatis.....2½ drachms.
Morphia muriatis..... ½ grain.
Aquæ dest.....4 ounces. M.

S. Tablespoonful every hour.

SUBSTITUTE FOR SOLUTION OF CITRATE OF MAGNESIUM.

An excellent substitute for solution of citrate of magnesium, U. S. P., is:

R. Acidum-citricum (in moderate-sized crystals).. 1 drachm.
Magnesia-sulphas..... 1 ounce.
Syrupus-simplex..... 3 ounces.
Extractum-limonis..... 5 drops.
Potassii-bicarb (in crystals).....40 grains.
Aqua-pura, sufficient for..... .....12 ounces.

M. Secundum artem.

The above formula is much cheaper, and contains in a greater degree the required properties of a good, mild laxative than does the officinal solution of magnesium citrate, and also has a very pleasant flavor, the bitter taste of magnesia being entirely absent.

It is also a very expeditious and convenient manner of preparing such a solution, and will, I trust, meet the approbation of those who have not the time to while away in preparing that (to drug clerks) tedious formula, sol. magn. cit.

The following is my method of preparing it: Place acid and sal-epsom in 12-oz. bottle; then add simple syrup and water and extract of lemon; lastly, add potassium bicarb, and cork ready for use. By using the acid and potassium bicarb, in crystals, the danger of gas escaping is obviated, as gas does not begin to generate before the cork can be firmly secured.—*Amer. Jour. Phar.*

CHLORATE OF POTASSA.

As a local application this salt has a well deserved reputation; but as a constitutional remedy, its effects are less generally known. It tones up the stomach, increases the redness of the blood, and acts mildly on the kidneys. Two or three grains constitute a sufficient dose. Large doses are usually baneful.

SALICYLIC ACID PILLS.

Mr. J. W. White states that if salicylic acid be beaten with one-tenth of its weight of borax, and the same proportion of glycerine and tragacanth, an excellent pill mass is procured, of which six grains represent five of acid, and do not form an inconveniently large pill.—*The Doctor.*

TREATMENT OF TYPHO-MALARIAL FEVER.

The most essential points in the treatment of this disease consist in controlling the bowel trouble, and in giving plenty of good nutrition and stimulants, especially in the latter stages of the disease. To control the bowel symptoms I find nothing more excellent than subnitrate of bismuth and Dover's powders, unless the diarrhœa becomes excessive, when I employ an electuary of pulverized opium, acetate of lead, subnitrate of bismuth, and glycerine, and use as an injection. When the tongue is very red and dry, denoting much inflammation of the bowels, I give a strong solution of chlorate of potash—most emphatically the best remedy for this condition. We are familiar with its virtues as a therapeutic agent in the treatment of all local inflammations of the mucous membrane. When given internally we can detect it in the urine in less than fifteen minutes. I have used this remedy when the bowels were enormously distended, tongue dry, red and painted, and in less than twelve hours—sometimes even within six hours—have denoted a change in the appearance of the tongue; it becomes pale and moist; the tympanitic distension of the bowels is relieved, and the general symptoms denoting inflammation become more favorable. Chlorate of potash comes in direct contact with the inflamed mucous membrane of the bowels, and especially the Peyerian glands. Modern physiologists direct our attention to the fact that these glands are the beginning of the lymphatic system in the intestinal canal, although formerly their function or purpose was not known. Flax-seed poultices act well when the bowels are much distended, although sometimes we are compelled to make use of a blister. Turpentine should not be used, from the fact that it so frequently disorders the stomach. I do not think it does any good whatever, unless in getting rid of the gas; then, also, there is danger of its causing stranguary. Quinine is of no therapeutic value in the treatment of this disease; in fact, I believe it tends to aggravate the symptoms. Sleep must be had; and for this purpose, I always prescribe hydrate of chloral and bromide of potassium in combination. This combination acts much better than sulphate of morphia, as it generally produces a dreamless, refreshing slumber; I sometimes use camphor, chloral. When the temperature is very high, pulse full and weak, I use Norwood's tinct. verat. viride, the most reliable of

all the arterial sedatives. During the febrile stage I frequently make use of spts. nitr. dulc. as a diuretic, alternating it with the neutral mixture of the Dispensatory. But as I said before, we have no specific treatment for this disease. We can but aid nature; and clinical experience has taught me that the remedial agents I have mentioned above are among the best our profession have as yet discovered.—*Dr. Williams in Va. Med. Monthly.*

COCA.

Dr. Tanner says: Whatever may be said from time to time about the effects of coca on the human system, this much is certain, that it causes timid people, who are usually ill-at-ease in society, and particularly so before strangers, to appear to good advantage under these circumstances. In other words, it cures bashfulness. It will certainly prove of inestimable value to that class of people who have made themselves bashful and cowardly by an abuse of the sexual organs, as well as to those who are by nature diffident. It also prevents weariness, either mental or physical, which usually follows prolonged or severe exercise. There is no doubt that it possesses these properties in a high degree, as any one can readily satisfy himself by experiment.

PODOPHYLLIN IN THE TREATMENT OF HABITUAL CONSTIPATION.

Dr. Rousselet (*La Gaz. des Hopitaux*) publishes an article on this subject. The ill-success which has frequently attended the use of this remedy is attributed by Dr. R. to the employment of a poor preparation. He thinks the treatment should extend over two or three months, according to the duration of the constipation, in order to induce regular action of the bowels at a certain time of the day. Dr. R. begins with one pill of a centigramme (gr. 1-6), increasing to two if necessary, and continuing the amount daily during fifteen days. He then gives it every other day for a week, then every three days, and so on, increasing the interval every week or so. Should irregularity again supervene, he recommences the daily dose, diminishing it again gradually as before. The best time for taking the pill is upon sitting down to dinner; and the patient should get into the habit of going to stool just after breakfast.

[For the Brief.]

ELDER FLOWERS (SAMBUCUS CANADENSIS) IN ERYSIPELAS.

For many years this remedy has been regarded by Prof. Lites, of this city, as a specific; and many other physicians consider it as possessing superior merit in the treatment of this disease. I have myself employed it in some very severe cases: one of which, affecting the face, mouth and nares, was accompanied with much sloughing from the two last mentioned parts, and great swelling of the face. The disease was arrested in about two days, and the convalescence rapid. The remedy seems to act as an antidote, destroying the virus which constitutes the essence of the disorder. This article is recommended with great confidence as a simple, innocent, and at the same time, specific remedy for this severe and frequently dangerous disorder. It is employed externally and internally.

A heaping teaspoonful of the dried flowers is infused in two-thirds of a pint of boiling-hot water; covered and left to stand until cold; and linen cloths wet with it are applied to the part affected; keeping them constantly wet, wringing out the cloths in clean water every time before reapplying the infusion. A teaspoonful of the tea is also to be taken internally every three or four hours or less, in severe cases.

JOHN FONDEY, M. D.

PHILADELPHIA, Pa., April 18, 1877.

ERGOT IN ENLARGED PROSTATE.

Prof. Von Langenbeck, at a meeting of the Berlin Medical Society, stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power of the bladder was at once increased, so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued.

THE MONOBROMIDE IN MASTURBATION.

Dr. Sherman says: My attention has recently been called to the use of the "monobromide of camphor" in nervous and kindred diseases. I have since used it with happy results in a number of cases, and in many instances substitute it for the potassium bromide. I have found it, particularly in masturbation, a reliable and efficient remedy. One case I will record. W. F. P., male, aged 20 years, teacher. Consulted me in December last. Complained of weak memory, confusion of thoughts, nocturnal emissions, constant desire for sexual indulgence, and the many other characteristic symptoms of confirmed masturbation. Becoming alarmed, and realizing his condition, he confessed to having practiced masturbation for a year or more. Had rather plethoric appearance, but nervous symptoms seemed prominent. I prescribed the usual remedies, with little or no benefit. I finally put him on 4-grain-doses of the camphor monobromide three times a day, with immediate and seemingly permanent results.

He now informs me that he feels well, and believes he is cured. A remedy containing such virtues, and so happily applicable to such a disease as masturbation, should merit prominence.

[For the Brief.]

DIOSCORIA VILLOSA—WILD YAM.

BY I. J. M. GOSS, A. M., M. D.

The dioscoria villosa grows in sandy and gravelly lands in many parts of the United States. Its leaves are large, heart-shaped, more or less downy underneath, pointed; flowers, small, pale greenish-yellow; fruit, a winged pod, with one or two seeds in each cell. It is found in thickets, from New England to Wisconsin. (It is abundant in many parts of Georgia).

MEDICAL PROPERTIES.—This article was used by the aborigines when this country was settled by the English. They used it for colic and pains in the stomach and bowels; and some country nurses used it for colic some time before it attracted the attention of the profession. They gave it in the form of a hot infusion, but they only procured a limited per cent. of its medical

virtues in that way of giving it. From the use that I have made of it, I think that it acts directly upon the spinal cord and the reflex nervous system—the umbilical plexas of nerves specially—and in over-doses it will cause hyperæsthesia of the spinal cord, brain, uterus, and abdominal nerves. But in medical doses, it is one of the most positive remedies we have for bilious colic (so called), which name is very inappropriate to many cases of colic; the vomiting of bile in many instances being the result of spasmodic retching. But there are cases of this disease that are caused by vitiated biliary matter; and others from biliary calculi obstructing the gall-duct. It is not only a valuable remedy for spasmodic colic, but also for some cases of neuralgia, especially for those cases that have their seat in the umbilical flexus. Here the pain runs from the hips to the ankles. In dyspepsia, where there is a dull pain in the cardiac region of the stomach, constant belching of gases, cramps of the stomach, or acute lancinating pains in it, then dioscoria will be of much service. In those cases it acts much like the sub-nitrate of bismuth. It has proved valuable in vomiting, pyrosis, and gastralgia of pregnant females; or in cases of vomiting during the menstrual flow. In those cases of renal colic from the passage of calculi, which is often mistaken for bilious colic, dioscoria will give prompt relief. Combined or alternated with ipecac, it is a valuable remedy in dysentery, relieving the tormina and tenesmus like opium In severe attacks of angina pectoris, alternated with the cereus bonplandie, it will be found to give relief where morphia fails. It seems to oppose spasmodic contraction of muscular fiber in the abdominal and thoracic region. To get its benefits, however, it must be fresh, or tinctured while fresh; for, like many good remedies, it soon loses its strength.

MARIETTA, GA.

[For the Brief.]

NASHVILLE, TENN., April 15, 1877.

MR. EDITOR: I wish to offer a few suggestions on the subject of disease. From the earliest history of medicine to the present time, medical men have looked upon various diseases as disorders of the physical structure itself, and alone. For example: we have regarded pneumenitis as a disease of the lung substance, from the beginning to the end; the lungs being the only organs

affected, and when they are well, the disease is gone. All the various diseases have been regarded in the same manner, whether they be located in one or another organ, or set of organs. Now, my opinion is, that this is not the case entirely, and, consequently, we do not comprehend the true origin of disease. It has been demonstrated beyond all doubt that in the disease known as diabetes there always exist an irritation and partial congestion in the floor of the fourth ventricle of the brain, and should the disease be relieved or disappear, the irritation and congestion go also. Now, my conception is, that all disease, of whatever type, has its origin, or is in reality located in some nervous center, and that nervous center located in all probability in the brain; or, rather, forming a part of the brain. The nervous system is the medium through which the vital element (whatever that be) is conveyed and operates in its proper manner upon all the tissues in the body. There is certainly some point in the nervous system—some center or set of centers—which preside over each organ and control and regulate them in the performance of their function. I believe that the time is not far distant when the science of physiology will reach out and unfold the fact that the secretion of bile, of urine, of pancreatic fluid, and other organic functions at least, are presided over by nervous centers located in the brain, and which, like a King, hold the rule and sway the sceptre over their special organs; and whenever those organs are disordered or diseased, that primary fault is in these centres, and not *in reality in the organs themselves.*

Very respectfully,

WM. F. GLENN, M. D.,

Professor of Physiology in Nashville Medical College.

[For the Brief.]

ERYSIPELAS.

ATLANTA, GA., April 17, 1877.

EDITOR MEDICAL BRIEF—*Dear Doctor:* The apparent disposition of the profession to discuss practical questions, induces me to offer this article on the treatment of *erysipelas.* The old treatment, iodine externally and tr.-ferri.-chlo. internally, is evidently too monotonous for the progressive representatives of the day. For years I followed in the footsteps of the fathers, not daring to think for myself. As I grew older, and more self-

reliant, the true pathology of the disease suggested a change in treatment; and I determined to meet the emergencies of the next case I might have with such remedies as my judgment told me were better than the *routine treatment* of authors. It was not long until an opportunity presented itself. The patient was just such a subject as erysipelas would naturally select. Without drinking intoxicating liquors, he had a large red nose (natural rum blossom), while the erysipelatious, scaly appearance of his skin suggested a natural tendency to the disease. I had often wondered if I would not at some time be called to treat him for erysipelas. Finding a call on my slate one day to call at his residence with as little delay as possible, I hastened to respond; and, lo! there he lay, the living embodiment of the disease. He had sustained a slight injury of the face the day before, and during the night was attacked with rigor, followed by a very high fever. The whole face and head presented the usual appearance. He could not see me, and seemed to be anxious that something should be done at once. I found his pulse 130; tongue inclined to be dry; intense pain in head and face; eyes suffused with scalding tears; skin much swollen and puffy, with moments of delirium If he slept a moment, he muttered audibly, and felt for and picked at the bed and bed-clothing, or felt up in midair.

I determined upon a slight variation from the old routine, and made the following prescription:

R. Tinct.-ferri.-chlo ..... 2 ounces.
Tinct.-phytolacca ..... 1 ounce.
Liq.-potass-ars ..... 2 drachms.
Sul.-quinia ..... 1 drachm.
Elix.-cardamon co ..... 3 drachms.
Syrp.-simplex, q. s. ad ..... 4 ounces.
M. Ft. sol .....

S. Teaspoonful each four hours, alternating with the following pills:

R. Ext.-rumex cris ..... 20 grains.
Ext.-opii-aq ..... 12 grains.
Ext.-belladonna ..... 2 grains.
Gelsemin ..... 2 grains.
Pulv.-ipecac ..... 1 grain.
M. Ft. pil. No. 20. .....

S. Two each four hours.

The only external application used was subnitrate bismuth. I sponged the face with tepid water and powdered the inflamed parts with the bismuth. My first visit was at 10 A. M. I promised to called again at 5 or 6 P. M.; but on my arrival at

home at 1 P. M., I found an urgent note, saying my patient was vomiting the medicine, but not otherwise worse. I made an immediate call, and found matters as represented in the note.

Directed the following:

R. Creasote ....8 drops.
Ol. Menth. Pip..... .....4 drops.
Syrp.-ginger ....1 ounce.
M. Ft. mixt.....

S. Teaspoonful after each dose of the other medicine.

Called again at midnight. Found my patient perceptibly better; he was sitting up in bed, viewing himself in a looking-glass, much to his own amusement; he laughed heartily at the swollen and distorted appearance of his face. Said he was getting well. Continued treatment; only left off the pills until the pain might call for them. I only made two subsequent visits. In a few days my patient was at his usual avocation, with scarcely a mark of the disease to be seen.

I have neither time nor space to discuss the action of iron, arsenic, opium, yellow dock and ipecac upon blood and skin diseases. Suffice to say, I am up out of the old "ruts."

Very respectfully, etc.,

J. F. HAMMOND, M. D.

[For the Brief.]

A CASE OF GONORRHŒA COMPLICATED WITH EPIDIDYMITIS, OR SWELLED TESTICLE.

BY LUIGI G. DOANE, M. D., NEW YORK CITY.

I was called to H. S., age 25, and found him suffering with a fever, accompanied by a chill; elevated pulse, pains in the back and legs; headache. Upon making inquiry, he told me he had a profuse gonorrhœa, and that his testicles were swollen. I found the right testicle red, hot, and inflamed, *but not œdematous* (as the books say it always is); the left *perfectly* normal; (the books say the left is always inflamed). I prescribed one-half grain of morphia and went home. The next day I gave a gentle cathartic (one-half pint citrate magnesia), put a tobacco poultice upon the testicle (four papers of Virginia leaf were used), and cautioned the patient to keep in bed for a week at least. Finding no œdema after four or five days, I changed tobacco poultice for

one made up of equal parts of linseed meal, slippery elm and dried alum, to be kept upon the testicle four hours a day; the tobacco to be resumed at night. After one week of this treatment, Mr. S. was well enough to go out, and called at my office to show me the result of the treatment. There was no œdema, but *some hardness* along the cord, which I am treating with glycerine and fr. opium, equal parts. I cautioned him to avoid tobacco, rich food, coffee, malt liquors, as ale, beer, porter; all alcoholic liquors, as wine, gin, brandy; not to exercise too much; go to bed early, and have no intercourse until the gonorrhœa had stopped; and, *above all*, to keep the testicle supported with a silk handkerchief, as recommended by Prof. Ricord, of Paris, France. *He is now well.*

[For the Brief.]

MR. EDITOR: Permit me to call your attention to a new uterine elevator successfully applied in the treatment of a case of retroversion of long standing. The simplicity of its mechanism, and the applicability to all degrees of anti and retroversion would seem to recommend its use.

A short history of the case may not be without interest, while illustrating the manner of manipulating the elevator.

Mrs. F., aged 36, married for twelve years and sterile, applied to me for the relief of symptoms, the origin of which she dates back to a year or so after marriage.

Examination disclosed endocrovicitis and retroversion to the extent of about 90°. After several weeks' treatment, to correct the condition of mucous-membrane, my attention was given to the position of the womb; and being satisfied that nothing could be effected by Sims' or Bonds', I devised this. The elevator was introduced in a straight line, through a round speculum, into the external os, and by turning the nut A to the left, the point B is gradually driven backwards, until the proper angle is obtained, when its entire introduction occurs without resistance. The rotation of the nut is now reversed; turning to the right, elevating the point B, and with it the uterus. When the normal position was reached

the speculum was removed, and a Hodge's pessary introduced over elevator; after which, the latter was withdrawn. The result, of course, was the cessation of all former symptoms, and, possibly, effecting a cure for her sterility. The speculum is not absolutely necessary, as the forefinger may guide the instrument into the external os. An eyelet on two sides, above A, and at a right angle to the circuit described by B, indicates the position of the latter point.

Mr. P. Werber, 327 Market street, an experienced and practical instrument-maker, has succeeded in executing my plan, and will make the elevator to order.

Respectfully,

St. Louis, April 26, 1877. JNO. N. FRANK, M. D.

[For the Brief.]

Was called Saturday, March 10th, 1877, to the residence of Mr. Fred. Amsine, living on Pine street, Nokomis, Ill. When I got there, I found the mother in terrible agony and great confusion. By an accidental discharge from a Sharps' pistol, her little son, of some nineteen months, had received the contents of one barrel in the right breast; the ball entering about one inch from the nipple, a little upward and inward, making its exit from his back near the upper wing or border of the scapula to the spinal side. I probed the wound; found from the direction the ball traversed that it must have struck a rib, glancing upwards, entering the thorax, but not entering the lung; it may have wounded the pleura, thence passing out.

TREATMENT.—Applied tepid water and tinct.-arnica, and kept the wound open; near the 11th day from wounding, there appeared a fever of the pneumonic type, but of the opposite side from the wound. Treatment as per pneumonia. Changed the dressing, using the basilicon oint. and salicylic acid (splendid). The wound improved finely, the dressing became more simple, and now, April 16th, 1877, he is well, and the parents are very thankful that he has been spared to them. He is a large, fine, healthy boy.

One other point: During the healing of the wound there was almost a constant effort to yawn during the waking hours. What caused this? H. S. STRAIN, M. D.

[For the Brief.]

CHRONIC CHILLS.

I send you a prescription—an infallible one in my hands—for chronic chills, and am sure that no one will be disappointed who will give it a trial:

R. Ferri-arseniatis..... 2 grains.
Quiniæ-sulph.....32 grains.
Ext.-taraxaci..... q. s.
M. Ft. mas. et div. in pil 32.
S. One three times a day, *after meals.*

The patient should be advised in regard to the arsenic; and when its effects are seen, the dose should be reduced to two a day, or even to one. V. ST. CLAIR McNIDER, M. D.

JACKSON, N. C.

Here is also an improvement—a decided one—on the compound cathartic-pill, U. S. P.: milder, more pleasant, less drastic, and equally efficacious:

R. Ext.-colocynth. comp.-pulv..... ½ ounce.
Pulv.-gambogiæ..... 1½ ounce.
Hydrarg.-submur..... 1 drachm.
Podophylli.....40 grains.
Ant.-et.-pot.-tart..... 6 grains.
M. Et. divid. in pil. num. 180. Dose, two or three. V. S. M.

CHRYSOPHANIC-ACID.

This new remedy, of great efficacy in ringworm, will soon be familiar to our pharmaceutists. Postans, of London, who first prepared it, states that the easiest, the simplest and by far the best method of making it into an ointment is to dissolve the acid in hot fat. Two drachms will dissolve in one ounce of lard, but this is very concentrated. The hot ointment should then be transferred to a mortar and rubbed down till cold.

If to each ounce of ointment, so prepared, two drops of otto of roses be added, a most beautiful preparation results, possessing in an eminent degree the active properties of the acid with the delicate and attractive odor of the rose.

IN CATARRHAL-CROUP OF CHILDREN.

R. Calomel..... 3 grains.
Ipecac..... 1 grain.
Nitrate of potash.....16 grains.
M. Make two powders. S. Give one at bedtime.

BOOK NOTICES.

THE RELATIONS OF MEDICINE TO MODERN UNBELIEF.—A valedictory address, by R. O. Cowling, A. M., M. D., Professor Surgical Pathology and Operative Surgery in University of Louisville, Ky.

REPORTS of City Physician, Board of Health, and Sanitary Engineer of the city of Concord, N. H.

ILLUMINATING OILS.—A lecture, delivered before the Michigan Legislature, by R. C. Kunzie member of Michigan State Board of Health.

EXPLORATIONS IN CELL-PATHOLOGY; or, Observations in Regard to the Causes, Character, and Treatment of Cancer: made from 1843 till the present time. By Robert S. Newton, M. D., New York.

THE CONSOLIDATED REPRINT OF THE MEDICAL BRIEF, for 1876, *is now ready*; those desiring a copy should send for it at once. We have already filled several hundred orders for it; and from present indications, think the demand for it will run considerably into the thousands. The physicians we have heard from express themselves as much pleased with it. If you have remitted for a copy, and it has failed to come to hand, please write at once, giving name, town, county, and State. Some orders for it are awaiting shipment, because either Post-office or State were omitted.

McKESSON & ROBBINS' GELATINE-COATED PILLS

We have prescribed McKesson & Robbins' Gelatine-Coated Pills, and like them very much; they are soluble, reliably made, and easily swallowed. We have satisfied ourself, by actual test, that these pills are accurately made, and can be relied on by the profession to contain precisely the amount of good material they claim to have. McKesson & Robbins are *honest* manufacturers, which is saying a good deal these times.

IODIA.

Letter from Dr. Chas. E. Davis, of Chicago.

Chicago, Ills., December 14, 1876.

Messrs. Battle & Co., St. Louis, Mo. :

Gentlemen—My experience with "Iodia" is getting to be quite extensive; but I can only hope in this communication to summarize my experience with it, by saying that I have used it *until I am satisfied* that in all stages of Syphilis and Scrofula, and in all pustular diseases, dependent upon a vitiated condition of the blood, *it has no equal.* Did time and space permit, I could give you special cases in wh ch its action was simply astonishing. One case of Scrofula—*the worst I ever saw*, of *ten* years' standing, during eight years of which it had treatment by the best physicians here and elsewhere, with only very temporary benefit—is yielding rapidly, after less than three months' use of it. This case is really a great marvel, for one can hardly conceive of a *living* being in its condition. I have also used "Iodia" with marked benefit in Uterine disease, irritable Uterus and Chlorosis. I regard it with me as much a *standard remedy* as Opium or Quinia. I see in it the best road away from the abuses of mercury; and the quicker the profession know it, the better for the people.

Yours truly,

CHAS. E. DAVIS, M. D.,
60 North Clark street.

Dr. L. Thomas Ferris, Ellis Co., Texas, writes April 23, 1877, as follows: "I have used several pounds of Iodia, and it has proved a success in every case."

IODIA.

EDDYVILLE, IOWA, March 13th, 1877.

MESSRS. BATTLE & CO., ST. LOUIS, MO.:

Gentlemen—I have used "IODIA" for Syphilis, Leucorrhœa and Ulceration of Os-Uteri; and it has never failed in doing *more* than all the other remedies that I have ever used in a practice of over forty-five years.

Yours, truly,

T. C. CORNELL, M. D.

HICKMAN, KY., October 29th, 1877.

MESSRS. BATTLE & CO., ST. LOUIS, MO.:

Gentlemen—I take pleasure in saying, that in forty-two years' practice of medicine, I have never found anything equal to "IODIA" *as an Alterative.* I have used it for some time in obstinate cases of scrofula and ulcerated diseases of broken-down constitutions. In Leucorrhœa, it has proved *par excellent.*

Respectfully yours,

H. C. CATLETT, M. D.

SALEM, IND., April 19th, 1877.

MESSRS. BATTLE & CO, ST. LOUIS, MO.:

Gentlemen—I take great pleasure in saying that I have prescribed "IODIA" largely in female diseases, scrofulous, skin and syphilitic diseases, and as a general tonic. I find it to be all that is claimed for it, *and more.* As an Alterative, Tonic, and Uterine Regulator, it is by great odds the best remedy I ever used.

Your obedient servant,

A. M. BASSAWETTE, M. D.

International Exhibition, Philadelphia, 1876.

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224 William Street, (Established 1836.) NEW YORK.

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LEGS—With or without Universal Ankle Motion.
ARMS—With Full Finger, Wrist and Elbow Movement.

All Limbs are warranted for five years. Prices vary from $75 00 to $125 00. Send description of case, point of amputation, &c., and you will receive an Illustrated Catalogue. Address

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BY I. J. M. GOSS, M. D.

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ISSUED EVERY SATURDAY.

R. O. COWLING, A. M. M. D., } Editors.
W. H. GALT, M. D., }

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Vol. V. ST. LOUIS, JUNE, 1877. No. 6.

[For the Brief.]

CRANBERRY POULTICE IN ERYSIPELAS.

DR. LAWRENCE, EDITOR MEDICAL BRIEF—*Dear Sir:* As my article in April number of MEDICAL BRIEF seems to have caused some discussion, I take the liberty of forwarding you a letter just received—one of the many received concerning the application of cranberries in erysipelas. Yours truly,

L. G. DOANE, M. D.

OFFICE OF DRS. CRISPELL & SMITH,
MANSION-HOUSE BUILDING,
RONDOUT, NEW YORK, April 20, 1877.

DR. LUIGI G. DOANE, M. D., NEW YORK CITY—*Dear Sir:* In looking over a recent number of the MEDICAL BRIEF, I chanced to see the article on erysipelas, treated by you with cranberry poultice, and as it tallies with our experience so nicely, I thought to open communication with you on the subject. We have been using this treatment in many of our cases of erysipelas since 1867, and with excellent results; and we have brought it to the notice of our fellow-practitioners in this vicinity, but with the result of being ridiculed and charged with selfish motives, because we were cultivating this most excellent

berry to considerable extent; not, however, for "poultices" alone, but because we had a suitable piece of ground; and there is more money in four acres of good cranberry meadow than a whole village of poor patients.

Our method of using it has been to direct that the berries be cooked and reduced to a pulp, and a very little plaster, or flour, or prepared chalk, be stirred in—to give it a little consistency—and apply the poultice direct to the part—if on a part except the face; if the latter, put it between cloths: and I think during the years we have been using it, there is no external part of the human body that has not been poulticed with it, and successfully too. If you desire to write further on this subject, you are at liberty to refer to us to substantiate your ideas. There is no doubt in my mind that the peculiar acid of the berry, which is not exactly citric, but from the generic name of the plant we may call "oxycocic acid," is the "remedial agent;" and, perhaps, we ought to administer the same acid internally, at the same time, though we have not had occasion to try it yet. I have the honor to be, yours truly,

GEO. C. SMITH, M. D.

ERYSIPELAS.

THREE RIVERS, MICH., April 27, 1877.

EDITOR OF MEDICAL BRIEF: I notice in a copy of your journal of April, 1877, an article by Luigi G. Doane, M. D., New York City, on cranberries in erysipelas, and the result obtained from the local application being wonderful, etc., I have used the American cranberry (Oxycoccus Macrocarpus) as a local application in all its forms for eleven years, and with the most astonishing results; have also used plumbi acet. sulphite of soda, iodide of starch, and many other preparations, but not with such beneficial results as the cranberry. I take the ripe cranberries, and pound and bruise them well, and apply a thick layer on some cotton or linen cloth to the inflamed surface, and apply fresh poultices every three or four hours; and, in most every case, in twenty-four hours, find the red, inflamed, burning surface of the skin changed into a pale, shriveled and cool appearance, with the diseased skin relieved of the inflammation,

and the patient, relieved of the burning, smarting sensation immediately, and feeling cool and comfortable. If seen, and applied early, will prevent the diseased skin from becoming blistered. The cases which were treated with the usual application of cranberries all occurred in a malarious region, and were treated with the usual method: tincture of iron and quinine, etc., with the officinal tincture of iodine several times a day on the healthy surface, a line surrounding the erysipelas half an inch wide, to prevent the disease extending. Have also used nitrate of silver for the same purpose, but with not so good a result as the iodine. Am unable to state what the medical properties of the cranberries are; they are an extreme acid and an astringent; and will be found on trial, in this disease, to be the most grateful to the patient afflicted, and the best local application to cut short and relieve the diseased skin. Hope that others may give a fair trial, and report its results and medical properties. C. W. BACKUS, M. D.

[For the Brief.]

INJECTION FOR GONORRHŒA

Chlorid-hydrarg-mite	2 drachms.
Pulv. acacia	2 drachms.
Ext. opii aq	6 grains.
Sulph. zinci	6 grains
Acet.-plumbi	10 grains.
Aqua	8 ounces.

M. Sig. Wash the urethra out with a syringe full of water; follow with one or two syringe-full of the wash, holding the penis erect, and retain it in the urethra a minute or two, and repeat frequently. In a few days, a cure is established.

I have used this formula for thirty-five years and know of no better.

C. L. MINSTER, M. D.,
1907 North Twelfth street, Philadelphia, Pa.

[For the Brief.]

The following formula, in my experience, has proved to be a most valuable one in the treatment of gonorrhœa, in all three stages; acting, I am led to believe, in a mechanical way chiefly,

the bismuth forming a coating to the inflamed canal and remaining in the urethra for several hours after each injection, should micturition not take place in that time.

R. Morph. sulph..... 2 grains.
Bismuth sub. nit.....40 grains.
Aqua..... 4 ounces.

M. S. Shake well and inject four times daily, after having washed the urethra with simple water. W. W. N.

[For the Brief.]

DIPHTHERIA.

I have recently been treating several cases of diphtheria with excellent results by the insufflation of salicylic acid and potassæ chloras, in substance and equal parts, by means of a quill; also rarely use the probang but once. I order the powder to be repeatedly applied in the twenty-four hours; and in no single case was the diphtheritic membrane reproduced: then, again, the cases seem to run a shorter career. Now, as regards its communicability: In one of my late cases, a lad of ten years, when preparing to introduce the probang, he commenced coughing; and at that time, my face being in close contact with his own, some substance was accidentally thrown into my mouth. Within twelve hours my tonsils almost met; there was high fever and diphtheritic patches discoverable. There was no doubt as to the diagnosis of my own case; and the above certainly indicates that precautionary measures are necessary, and of its communicability.

L. J. FOGEL, M. D.

CINCINNATI, O., April 26th, 1877.

[For the Brief.]

In dyspepsia of long standing and considerable accompanying flatulence, the following recipe taken, and then omitted for a month or two, and again taken, will, I think, be found of great value:

R. Acid hydro-cyan (dil.)..... 48 drops.
Bismuth sub nit.....100 grains.
Tinct. cascarillæ..... 1 ounce.
Infus. cascarillæ..... 15 ounces.

M. S. Shake well, and take a tablespoonful three times daily, before meals. W. W. N.

[For the Brief.]

INTRA UTERINE AMPUTATION.

Having had a child born in my practice minus the right hand, I was induced to look into the literature of three so-called uterine amputations. To my surprise, no mention is made of the subject by any of the authors of systematic works upon obstetrics accessible to me. I believe the commonly accepted opinion upon the *modus operandi* of these amputations has been that the member has become accidentally involved in or encircled by a loss of the umbilical cord, and the constriction thus produced has led to either the amputation, or to such an arrest of nutrition as has led to a sloughing of the distal extremity of the limb. At least a learned professor of this city, not long ago, argued before a medical society that such was the case. The idea at first sight seems plausible; but a little reflection ought to convince us of the impossibility of such an occurrence. In the first place, at no period of fœtal develpment could the cord exert sufficient pressure upon the limb to arrest its circulation without being *itself so constricted* that *its* circulation, and, consequently, that of the fœtus, would be arrested.

In the earlier periods of embryonic development, the condition and length of the cord is such that this accident must be impossible, for the attachment existing between the placenta and embryo, during the first period, is so short that loops are impossible; and even if this were not so, the soft, gelatinous condition of the cord would render any injurious constriction by it out of the question. It is only towards the latter period of gestation that the cord attains its ultimate length, when loops and folds may occur; but the tissues of the fœtus, and especially the dermic tissues, are now so developed, so firm, that they could easily resist the slight amount of pressure that the cord could exert, without itself receiving injury. Besides, even admitting the possibility of such an occurrence during the latter half of the period of pregnancy, we are still confronted with the question: what has become of the amputated member? We can scarcely believe in its total absorption, flesh and blood and bone, by the amnuotic fluid, without leaving a trace behind or any evidence of its putrefaction.

How then can we account for the accident or malformation in question?

Two theories may be advanced to explain it; and it is possible the accident may occur sometimes in the one way, sometimes in the other.

First: at a very early period of embryonic life, the principal blood vessel or vessels of the limb becomes occluded either by thrombosis or embolus, and collateral channels not yet being provided, development ceases at the point of occlusion of the vessel; or, second, at a still earlier period, and even before there are blood vessels or nerves, that portion of the protaplasm which should have formed the missing member, from some cause not understood, ceases to proliferate, with the result in question. From the fact, that, upon the stump of the arm or leg that is incomplete, there are frequently found rudimentary fingers or toes, the latter explanation would seem the most probable, unless we are prepared to admit that human embryonic development is governed by a law different from that which attains under other circumstances. These theories are suggested merely for discussion by the profession, from whom I would like very much to have an expression of opinion upon the subject. Respectfully,

A. TREGO SHERTZER, M. D.

BALTIMORE, April 24, 1877.

CINCINNATI, April 27, 1877.

EDITOR MEDICAL BRIEF—*Dear Sir:* The operation for the relief of hydrocele is made with a view of relieving the patient of an accumulation of water in the tumica vaginalis testes; but getting rid of this water does not cure the case; and any treatment which falls short of closing the sack by adheration will result in the return of the water. My plan to prevent that is to follow the injection of equal parts of tincture of iodine and water by close pressure with adhesive plaster, reapplied daily for one week after the operation of tapping, close strapping the testicles upon the pubes. This is done in order that the two surfaces of the membrane may adhere by adhesive inflammation. I have permanently cured many cases that had pre-

viously been operated upon by tapping alone, without success. Without the strapping the sack remains open ready to very soon fill again. By my treatment the sack is permanently closed.

O. E. NEWTON, M. D.

CINCINNATI, O.

[For the Brief.]

NEURALGIA.

R. Zinci-cyanuret	6 grains.
Sulph-cinchonidia	12 grains.
Sulph-morphia	1½grain.
Ext.-belladonna	2 grains.

Make pills; number, 6; one every six hours.

F. L. IRVIN, M. D.

[For the Brief.]

TSA TSIN—(RHYNCHOSIA EXCAVATA.)

BY C. G. POLK, M. D.

This herb grows abundantly in China, and occupies the first place in Chinese therapeutics as an emmenagogue. My attention was called to it by my agent, Albert C. Dung, of New York City, who kindly presented me with a package, to test its virtues. This I did in a case of amenorrhœa, which had defied the usual agents, with results so gratifying that I may relate the case:

Miss A——, aged 22, came under my charge suffering from amenorrhœa, cough and hemoptysis, which occurred vicariously with the menstrual period. Ausculation proved a slight lung lesion. Four months previously she went to a ball while her menses were on her, took cold, and arrested the discharge. Since then she has been subject to monthly hemorrhage from the lungs. I tried various emmenagogues without success, and I lost hope of my patient. In this state of affairs I made a decoction of the tsa tsin, and gave it to her. In forty-eight hours her menses returned normally; and now she is rapidly regaining health. I believe of all emmenagogues it is the surest and the safest—the emmenagogue which is entitled to the preference over

others. It is not a violent irritant like savine, tansy, or pennyroyal; not so likely to excite uterine inflammation, and consequently less likely to act as an abortant in incipient pregnancy. I am so favorably impressed with its efficacy and superiority over other agents of the class that I can sincerely recommend it to the examination of the profession, believing they will realize in it results in a high degree satisfactory, and not attained by any other agent.

2349 CATHERINE STREET, PHILADELPHIA.

[For the Brief.]

CANTHARIDES IN GLEET AND CHRONIC-CLAPP.

Mr. B——, of the town of M——, came under my treatment, sometime ago, for gleet of two and a half years' standing; he stated to me that every physician in town had exhausted their skill in trying to cure him. At the time he came under my treatment he was being treated by mail by a doctor in St. Louis, without any apparent success; after making a careful examination of his case, I concluded to put him on the tincture of cantharides, 10 to 15 drops, four times daily; and to my great astonishment and gratification, I had the unbounded pleasure of witnessing the disease yield to the remedy. As improvement began, I diminished the dose and lengthened the intervals. The patient made a good recovery; and has since married, and his wife has presented him with a fine boy; and I have not the least doubt but what he has another in view.

ALEX. M. CHEEK, M. D.

SQUIBB'S DIARRHŒA-MIXTURE.

This mixture was originated by Dr. Squibb, a number of years ago, and having been found of great service, has become a favorite remedy. It is called "Compound Tincture of Opium, or Diarrhœa-Mixture;" and is composed of 1 fluid-ounce each of tincture of opium, tincture of camphor and tincture of capsicum, 3 drachms of chloroform, and 13 drachms of alcohol.

JABORANDI IN BRIGHT'S DISEASE.

BY EDWARD T. BRUEN, M. D. (PHYSICIAN TO PHILA. HOSPITAL.)

CASE 1.—Catherine B., æt 30, married, the mother of five children, August 24, 1876, was admitted into my ward. Her occupation as waiter in an eating-stand in a market was attended with constant exposure to damp and cold; but she always enjoyed health, save an occasional attack of rheumatism. It would appear from her narrative that two years ago she took a "general cold;" and her disease probably dates from this period. She soon after experienced a good deal of dyspnœa on exertion, with palpitation of the heart, and her feet and legs became œdematous. In all this time she was only confined to bed once, when she says she was much troubled with dropsy; but she recovered after brief treatment.

When I saw her, she had intense general anasarca; face, arms and legs were enormously distended. She passed scanty amounts of urine, from six to eight ounces in twenty-four hours. It was highly albuminous, and subsequent microscopic examination revealed casts of entire tubules filled with epithelial cells, also granular and small epithelial casts. Subsequently, in December, I found large hyaline with fewer epithelial casts. There was intense dyspnœa from œdema of the lungs, with bad headache; the action of the heart was very feeble; the pulse could scarcely be detected, but was estimated to be about 140. There was pleural adhesions over right side, and some effusion into both pleural cavities. She was ordered jaborandi, 2 drachms, to be made into effusion with aquæ, 2 ounces; the entire amount to be taken in one or two hours. She was to be wrapped in blankets, seated in a rocking-chair, as dyspnœa prevented a recumbent posture. In less than one hour after taking the tea she perspired profusely, the dyspnœa and headache were relieved, and the general condition of the patient was improved. There was no depression whatever, nor any nausea, which is said to occur frequently. I have never witnessed any unpleasant result, after its use; and in only one case did I notice the salivation which Dr. Fothergill in his late work on therapeutics reports as constant in some cases observed for him in an English hospital, much the same dose being employed.

August 25.—She says she has passed more urine than since her attack commenced. The same treatment was repeated—jaborandi, 1 drachm, being employed. It would be tedious to detail the daily notes of her condition. Let it suffice to say that the administration of the drug was continued every other day for a week, every third day for a week longer, the result being equally satisfactory. On the third day she was able to lie down in bed, and a marked improvement in her general condition was noted. The only other drug used was infusion of digitalis, administered in doses of ½ ounce every three hours for one week, until the pulse was reduced to 100, below which it could not be brought, as unpleasant symptoms resulted if digitalis was given after this effect was obtained. The very great relief afforded soon after each dose of jaborandi is the point I wish to call attention to; though digitalis was most valuable as an auxiliary.

In the middle of September she left the house, but, meeting with neglect, her symptoms returned with all their former severity, and she was again admitted to the hospital. She was relieved by the same treatment of the severe symptoms in a shorter period; and she was subsequently kept upon iron and a tonic treatment, with occasional doses of jaborandi whenever the dropsy was troublesome.

The anasarca was never completely subdued, and from time to time she suffered much from dyspnœa. I have used in these cases, with much benefit, markedly so in her case, the following prescription:

R. Ammon.-brom.....48 grains.
Ammon.-carb.....24 grains.
Aq.-camphoræ..... 3 ounces.
Mucilag..... 3 ounces.

M. Teaspoonful, well diluted, four or five times daily.

Sometimes I could omit the carbonate of ammonium, but it seemed to benefit the circulation by its stimulating effects.

From time to time she suffered exacerbations of her disease; but for six months these have been palliated by the means I have detailed.

Case 2.—Henry P., æt 18, admitted September 4, 1876, I bring before your readers, because he presents a most unique example of localized œdema in Bright's disease. He is a dwarf.

His urine was highly albuminous, scanty, epithelial and granular casts abundant, with a history of dropsy and other symptoms which make a diagnosis easy. The tumor itself, located in the cervical region, was elastic, shiny, and pitted upon pressure. It had appeared a year before, with only slight general anasarca, and had disappeared under treatment in the Episcopal Hospital.

R. Jaborandi.....2 drachms.
Aquæ.....3 ounces. M.

was ordered as before, to be repeated the second day. Milk diet, and the preparation of iron in the well-known Basham's mixture.

At the end of a week there was no evidence from inspection that a tumor had ever existed; he sweated profusely after every dose of the drug, and expressed himself as feeling much more comfortable. At present date the tumor has never returned.

Case 3.—Robert F., æt 50, admitted October 9, 1876. In this man's case the dyspnœa from intense œdema of the lungs was as severe as I have ever seen it. There was some general anasarca, and the patient was nearly comatose. He took jaborandi, administered as in the previous cases, for three weeks, every other day, with the carbonate of ammonia for about one week, as in prescription given. He sweated profusely after every dose; at the end of the time stated he was completely convalescent. He, as did most others, used to beg for his medicine, for he recognized the great benefit he derived from it.—*Phila. Med. Times.*

CHRONIC-RHEUMATISM.

R. Guaiacum.....1 ounce.
Black-cohosh.....2 drachms.
Blue-cohosh.....2 drachms.
Rhubarb.....1 drachm.
Wine-colchicum.....2 ounce.
Iod.-potassium..... ½ ounces.
Whisky .....2 pints.

M. Dessertspoonful three times a day.

R. Camphor..... 1 ounce.
Chloral-hydrate..... ½ ounce.
Chloroform.....1½ ounce.
Soap-liniment .....2½ ounces.

M. Make a liniment. S. Use locally for the relief of pain.

EFFERVESCENT APERIENT ELIXIR OF VALERIANATE OF AMMONIA AND SULPHATE OF MAGNESIA.

Dr. Edwards said he had been requested by Mr. W. S. Wills, a druggist of this city, to call attention to this preparation. Each four fluid ounce bottle holds the average adult dose, and contains 160 grains sulphate of magnesia, 108 grains citric acid, 2½ grains valerianate of ammonia and ¾ fluid ounce of lemon syrup, making a pleasant and efficient aperient or cathartic. Dr. E. is informed that several physicians of this city are prescribing it with marked satisfaction. Mr. Wills' letter states that when specially desired, he can combine with it muriate of ammonia, which causes a cholagogue action, bromides of potassium and sodium, carbonate of lithia, pyrophosphate of iron, sulphate of quinia, etc.

Dr. M. L. James said that he had frequently prescribed this preparation, and was pleased with it. It is acceptable to the taste and stomach, and combines one of the best, yet most nauseous, saline cathartics with one of the best nervous sedatives and antispasmodics; is mild enough for the taste of an infant. He knows of no preparation that acts so charmingly on persons who have been "on a spree." It removes the sense of fullness about the head, allays the nervousness and nausea, and acts quickly as a refreshing agent. In short, Dr. J. thinks the preparation serves a good purpose, and has the advantages of being already prepared. — *Va. Med. Monthly.*

CONSTIPATION.

Dr. Thompson says: I have found altogether the best results have been obtained by causing the patient to take a great deal more water than is his usual custom. Let him take, on rising in the morning, two tumblerfuls of Croton or other drinking-water. As a rule, those who drink considerable water are not troubled with constipation. You can insure the laxative action of the water by the addition of some mild saline, like the carbonate of soda, or even common salt; and the reason why such an effect is produced is this: the mixture formed by the union of some saline

with water, does not readily pass through the mucous membrane, and so into the general system. The theory now generally accepted with regard to the action of salines, is, that they are not absorbed, and that they prevent the water with which they are combined from being absorbed; hence the water, by exciting the peristaltic action of the bowel, brings about a movement to discharge it, and with that the other contents of the intestinal tube. There is considerable to lend support to this view. You need not, therefore, give large doses of saline cathartics, as a half-drachm of the sulphate of magnesia, dissolved in a pint of water, commonly operates very nicely.

There is another curious fact which may here be mentioned—namely, the addition of small doses of quinine to salines increases their power of acting upon the intestine. For example:

R. Magnesia sulphas..... .....1 drachm.
Quin. sulph..... .....1 grain.

mixed and taken in a tumbler of water every morning rarely fails to produce all the laxative effect required, in every form of deficient secretion from the bowels; for instance, in the constipation following fever, when you desire to obtain a free alvine evacuation.

It is well for you to tell the patients that they will not, perhaps, see much effect for one or two weeks; but if they can be induced to persist in the daily use of large quantities of water, a great deal of benefit will almost certainly follow.

SPECTACLES.

Dr. Chisolm says in the Virginia *Medical Monthly:* There is a very wide-spread belief, among even professional men, that spectacles should be restricted to the old, and even by these to be worn under protest. An exception of this fundamental rule they recognize in near-sighted persons only. By the profession at large, an eye that sees well at a distance, and becomes red and painful upon close use, is called a weak, inflamed eye, to be treated by astringents, dark rooms and counter-irritants—always to the annoyance and detriment of the patient. There is a rule in eye surgery that has very few exceptions, and I de-

sire to impress upon your minds, viz.: That an eye which becomes painful only when used upon near objects, as in reading, writing, or sewing, and gives no discomfort when not closely employed, *is an eye that requires physical not medical help.* In by far the majority of such cases, carefully selected spectacles will correct the difficulty, and enable the patient to control the use to which his eyes shall be put.

Although all physicians are aware that there reside *in our eyes* muscles which are as instrumental in making us to see as are the muscles of our legs in enabling us to walk, the important functions of these intra-ocular muscles are constantly lost sight of. It is the work of the muscles in the eye to so act upon the lens as to enable it to accommodate our vision to various distances. We must, therefore, never forget that all of our eye-work is not so much nerve work. It is largely the work of muscles.

We can now understand why the eye is made so constantly weak for near work by prostrating diseases. The child who was so proficient in reading, passes safely through an attack of measles, scarlet fever or diphtheria. When, to all appearances, recovery is complete, he finds that he can no longer read his school-books; after a very few minutes letters run together, and words become blurred beyond his recognition; distant vision remaining at all times clear. To compel a child, under such circumstances, to pursue his studies, entails serious suffering, and sooner or later, a complete breaking down for all eye use. Should such a patient be carefully questioned, he would complain of a constant feeling of being tired, aggravated by even moderate exercise. The child is made to ride to school because a ten minutes' walk is too fatiguing so soon after an attack of sickness; yet the pain induced by the studying of lessons, necessitating hours of eye-muscle use, has not been associated with the fatigue from manual labor, or from even going up one flight of stairs. Should the experiment be tried of putting a proper magnifying glass before such a child, eye-work is at once rendered easy. The convex lens does away with the necessity for eye muscular work, as the carriage did away with the necessity for leg work; and both the eyes and the legs being rested, fatigue is avoided. When the legs and the eyes get strong, with complete recovery from the prostrating effects of

the disease, then both the carriage and the spectacles can be dispensed with. After any prostrating disease, if the eyes become painful upon use from overwork of enfeebled muscles (so often called, by the ignorant, straining of the nerves of sight), rest and tonics will correct the trouble. When general strength is regained, eye muscular strength comes with it, and all kinds of eye work can then be painlessly resumed.

PHYTOLACCA DECANDRA IN THE TREATMENT OF MASTITIS.

BY A. A. MOORE, M. D., CAMDEN, S. C.

In this section of country, as a general rule, only negroes are to be obtained as wet nurses. I dislike to employ them in this capacity for fear that they may be reeking with the fumes of some loathsome disease. Having also an innate and unconquerable aversion to all sorts of artificial feeding of infants, when there is any possibility of avoiding it, I hail with delight any remedy which promises relief from that painful trouble—mastitis.

In the January number (1873) of the *American Journal of Medical Sciences*, Dr. G. W. Biggers, of La Grande, Oregon, reports a few cases of threatened mammary abscess which he treated successfully with the fluid extract of poke-root. Recently, I have had occasion to avail myself of the information he has thus afforded. Notwithstanding the process of hardening the nipples had been resorted to preparatory to nursing, about ten days after confinement the lady's nipples became excoriated and fissured. For this, compound tincture of benzoin, nitrate of silver, etc., were tried in vain. A few days later, a hard lump was discovered beneath the left nipple, accompanied with throbbing and shooting pains through the gland and down the left arm, and with oozing of pus through the nipple. Heeding this premonition of further trouble, and still hesitating to resort to the antigalactigogue properties of belladonna, for reasons already indicated, I immediately began the administration of fluid extract of phytolacca decandra. I gave gtt. xx every three hours in a wineglassful of water, until the lady had taken

altogether nine doses, or about three fluid drachms. By this time, all symptoms of inflammation and abscess had entirely disappeared, and the only remaining source of discomfort was the sore nipples. By the aid of a large nipple shield, fitted over a glass base, this trouble has also been overcome.

It is proper to mention, however, that before the patient had taken the last two doses, she began to experience some of the neurotic effects of the drug, such as vertigo, dimness of vision, some nausea, etc. These symptoms, I think, admonish us either to entirely suspend its use, or to administer it at longer intervals.

I will also remark, that the phytolacca did not seem to have any deleterious action on the lacteal secretion, as the infant continued to nurse regularly, and without any ill effects whatever.—*Va. Monthly.*

FOR CHRONIC-CONSTIPATION.

R. Pulv-rhei.....1 drachm.
Pulv-ipecac.....10 grains.
Olei-carui.....10 drops.
Gummi-acaciæ..... q. s.

M. and ft. pil. No. 20. S. Take two pills every night at bedtime.

WHOOPING-COUGH.

R. Croton-chloral-hydrate.....40 grains.
Tinct.-belladonnæ..... ½ ounce.
Syrup-pruni-virg..... 5½ ounces.

M. Teaspoonful three times a day for a child five years of age; to be increased or diminished with the exigencies of the case, the persistency of the attack, the age of the patient, etc.

IN PNEUMONIA, GREAT DEBILITY AND SYMPTOMS OF HEART-CLOT.

R. Ammoniæ-carb..... ½ drachm.
Syrupi-acaciæ.....2 ounces.
Aquæ-dest.....2 ounces.

S. Tablespoonful in water every two hours.

AN OBSTETRICAL CASE WITH INSUFFICIENT LABOR PAINS AND MAL-POSITION OF THE UMBILICAL CORD.

BY LUIGI G. DOANE, M. D.

Upon the night of May 4th, 187–, at 11 P. M., I was called professionally to attend Mrs. T., æt 35, in the labor of her eighth child. She informed me that while in the occupation of some arduous household duties she "had ruptured the membranes and lost her water;" that she had experienced but few and *slight labor pains;* that her bowels were irregular and had been so for three days; that she had no trouble with her urinary secretion, and had a difficult time during her preceding labors. Upon examination of her vagina, I detected the child's head in the second position of Dr. Bedford—membranes gone and water absent. Fearing no evil results from the use of ergot, I gave her a tablespoonful in a wineglass of water, and returned home for an hour's rest. At 12:30 P. M. I was again called, and found her in severe labor pains, which culminated about 1 P. M. in the birth of the child. During the second stage, the head of the child became fixed between the labia, and was black in the face; upon feeling for the cord I found it around the child's neck, and, without stopping to consider what the books said about the matter, I cut it, and the child was expelled by succeeding pains. The child did not breathe; so after breathing into its mouth and sprinkling cold water over chest, I was enabled to restore respiration, and the child gave evidence of it by crying. Let us consider some points in this case: First—We are informed by the books that insufficient pains are caused by the exhaustion of the womb from previous labors, and in the majority of cases, ergot is not a safe remedy, and the forceps must be used. Now, any experienced surgeon knows or should know, that nine-tenths of the cases of metritis and laceration of the uterus are due indirectly to the use of forceps, and if one takes interest enough to trace this matter out, he can find in many so-called cases of metritis that the forceps have played a very important part. Many an eminent medical man, overworked, rushes to an obstetric case, impatient for it to end, hastens delivery by use of forceps, and is the innocent cause of laceration

of the neck of the womb and after trouble—metritis. Now, I do not sit in judgment upon any man, but my experience has taught me that the forceps should be used only in severe cases, and then as a last resort. It is a singular fact, that the increased use of them has produced the increase, among our women, of metritis, and has made it a profitable occupation for medical men to treat their diseases, and make a specialty of. In nine cases out of ten, where the labor pains are insufficient, the forceps are used; but if the presentation is favorable and the womb soft and compressible between the fingers of the hand introduced, ergot may be safely given and favorable results will ensue. I cannot conceive of any condition where the forceps are safe in cases like this one, for certainly they must further stretch overstretched parts of the womb, and invite rupture of its neck. Patience is a virtue in tedious labors as well as in other acquisitions of life.

FAYETTE COUNTY, TEXAS,
NECHANITZ, April 17, 1877.

SHOULDER PRESENTATIONS AND THEIR TREATMENT.

EDITOR MEDICAL BRIEF, ST. LOUIS—*Dear Doctor:* I would beg to call attention, through the medium of the BRIEF, to a method of treating shoulder presentations, which, though not original, has in every case occurring in my practice, been attended with the most signal success. I allude to Dr. E. R. Maxson's method, which, at the urgent request of the late Sir Jas. Y. Simpson, of Edinburg, was the subject of his thesis at the International Medical Congress in Paris, in 1867, and has met with much favor, both at home and abroad. The method is as follows:

1. When a shoulder presents, fold up quilts two feet square, and pile them in the middle of the bed, about eight inches high.

2. Let the woman kneel on this pile of quilts, bringing her face down forwards upon the bed.

3. Pass your hand into the vagina, well oiled, and if the shoulder, womb, child and all, have not already passed back, press very gently, and they will by gravity pass down and back.

4. Follow with the hand *extended*, when the fingers will

readily grasp the head; and by the aid of a pain, it will approach and engage in the superior strait.

5. Retaining the grasp with the fingers, lay the woman on her left side or back, and you will have a natural presentation.

My object in relating the method is, that it is far better than the old rule—to *turn and deliver*—and can be easily accomplished in less than two minutes, besides being altogether free from danger both to mother and child. I trust, before long, to see the method brought more prominently before the profession; and I am certain that all who try it will be delighted with its results.

I am under obligations to Dr. E. R. Maxson, of Syracuse, New York, for the method. Respectfully,

R. H. G. SEYMOUR, M. D.

[For the Medical Brief.]

MEDICAL USES OF CEREUS GRANDIFLORUS AND CEREUS BONPLANDI, OF MEXICO AND CENTRAL AMERICA.

I. J. M. GOSS, M. D.

The cereus grandiflorus, like the cereus bonplandi, spoken of in the January number of this journal, is a new remedy, but also one of inestimable value to the physician. I am requested by several readers of this journal to give my experience in the use of these two plants. I have been using the cereus grandiflorus for two years, in various diseases of the heart, and would not be without it for any consideration. I cannot better illustrate its value in any better way than by detailing a few cases that I have treated with it.

CASE 1ST—Mrs. McSwain, a lady about fifty years of age, nervous temperament, and formerly of Minnesota, called me in to see her. I found her with violent palpitation, cold extremities, clammy sweats, and great prostration. I examined the heart carefully, and found the distinct bellows sound, rapid pulsations of an enlarged heart from dilatation. She informed me that she had suffered from this disease for several years, and often sought relief, but, as yet, had found no remedy that afforded any permanent exemption from her sufferings. I prescribed

the cereus grandiflorus, in five-drop doses, every two or three hours, alternated with collinsonia, in doses of ten drops, three or four times a day. Under this treatment she rapidly improved, until she regained her health, and returned to her home in the Northwest.

CASE 2D—I was called to see Mrs. Venable, at Adairsville, Ga., who had been treated by a number of physicians, and last, by one in Atlanta, Ga. On examination I found her with violent palpitation, which was a sympathetic affection of the cardiac lexus, resulting from prolapsus uteri, and a persistent leucorrhœa. I put her at once upon the tincture of cereus grandiflorus, together with a wash of permanganate of potassa, alternated with a wash of persalt of iron—the first for leucorrhœa and the iron for the prolapsus. Under the use of cereus grandiflorus she soon recovered from her heart troubles; and under the above washes and tonics, she is fast recovering from the prolapsus uteri. In that very painful affection of the heart—angina pectoris—(*cramp of the heart*)—we have no remedies so prompt and reliable as the cereus grandiflorus and cereus bonplandi. The bonplandi being, perhaps, the more active of the two. In my practice, I frequently meet with cases of organic and sympathetic palpitation. In organic disease of the heart, as chronic endocarditis and peri-carditis, the bonplandi, doubtless, is the best; and if persevered with for four or five months, will frequently allay the inflammation. In valvular disease, the grandiflorus or the bonplandi, alternated with collinsonia, will often relieve the trouble. Is it an arterial sedative?

Answer—It doubtless acts as an arterial sedative in large doses, but is not as reliable in that excited state of the circulation that attends inflammatory diseases as aconite or veratrum; but in those peculiar conditions that attend organic or sympathetic affections of the heart—the want of power in the heart from nervous depression, causing feeble, quick, but irregular pulsations—*palpitation*—then the cereus grandiflorus or the cereus bonplandi is the remedy needed, and will act promptly. They seem, either of them, to quiet and tone up the cardiac nerves, and thereby restore the equilibrium of action, the very thing wanting in most cases of heart disease, where palpitation is a prominent symptom. In organic diseases of the heart, they quiet excitement of the heart, and thereby give rest, and hence

aid in the final cure. The cereus grandiflorus and cereus bonplandi are comparatively new remedies, but destined to take rank with other good remedies lately introduced to the profession. The bonplandi is a Mexican plant, and can be had, I guess, in San Francisco, Cal.

DANGERS TO HUMAN LIFE AND HEALTH FROM THE ADMINISTRATION OF UNDIGESTIBLE MEDICINES.

By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana.

Editor Medical Brief: My attention has been forcibly called to the numerous evil consequences growing out of the long-established custom of administering to the sick medicines in an undigestible form, regardless of the deranged conditions of the functions of digestion, secretion and absorption, resulting from the manifold phases of disease affecting them. I was so deeply impressed with the importance of this subject during two courses of lectures, that I delivered before medical classes, that I wrote an article which was published in an April number of the *American Medical Bi-Weekly*, Louisville, Ky., in which I ventured to hope that in the discussion of this subject I might be able to strike a key note in the scale of medical reform, whose tones should call forth responsive echoes throughout the civilized world.

In the administration of all medicines in a solid form we must depend on the solvent and digestive powers of the digestive fluids of the stomach and intestines to reduce them to a state of solution before they can be absorbed and be prepared to enter the minute capillaries of the portal system of veins, where they can mingle with the circulating fluids, and be conveyed by them to the different organs and parts of the system, upon which they are designed to act.

If not dissolved, they can never be absorbed; if not absorbed, they can never enter the circulation, and utterly fail to produce

the effect for which they were intended. Considerable hemorrhages and profuse sweating carry off the fluids of the body, and with them many of the elements that constitute the solvent principle of the digestive fluids. The saliva, in many forms of disease arresting secretion, may be withheld, and the mouth is found to be dry and clammy; the secretion of the gastric juice may from similar causes be arrested or deprived of its pepsin or other solvent principles; a torpid condition of the liver may withhold the alkaline bile so indispensable to the solution of certain resinous medical substances, and the solid medicine, without having produced any medical effect on the disease for which it was given, must pass through the alimentary canal with other refuse of the body as whole as when it was swallowed, or be rejected from the stomach by vomiting.

Untold quantities of such solid medicines are passing through the alimentary canals of the sick every day of the world, and instead of producing the slightest good, act as irritant, foreign substances, and occasion the loss of valuable time. There would, perhaps, be less need of calling the attention of the profession to the magnitude of this stupendous evil, if it applied alone to the ignorant members of the profession, but educated and scientific practitioners—even teachers of medicine and authors—appear to have quite overlooked this dangerous and fatal error.

We are so much the creatures of habit, that long established custom in the treatment of diseases may often be taken without question as being right, regardless of pathology or reasoning.

Writers on indigestion have written voluminous articles on the subject of undigestible articles of food in sickness, and recommended long lists of fluid digestible diet: as soups, beef-tea, wine whey, etc., too numerous to mention.

Solid food, in nearly every such case, is interdicted; and yet they seemed to have entirely overlooked the equally important necessity of giving the profession the proper precautions against prescribing solid medicines in equally deranged and diseased conditions of the digestive functions. A proof of the entire neglect of, and the very urgent necessity for calling the attention of the profession to the importance of securing the entire solution of medicines administered to the sick, whose solvent and digestive functions are impaired by disease, may be found in the fact, well known to all, that not only wagon loads, but

even steamboat loads of pills and other forms of solid medicines are transported all over the country, to be distributed at various places, at some of which they may remain for years, where they become dry and too indigestible for even healthy stomachs to reduce them to a proper state of solution. Want of space will not permit me to give in satisfactory detail a number of cases from actual practice in this city, where we have physicians that will compare favorably with those of other parts of the country; but I will merely give a brief synopsis of a small number of the many that could be reported. A full report of all the cases I could collect would make a large volume.

1ST—A lady had a malarial chill on Wednesday; took pills; each pill contained 2 grains quinine, $\frac{1}{20}$ grain morphia, $\frac{1}{2}$ drop oil sassafras; one pill every three hours throughout Wednesday, Thursday, Friday and Saturday; chills continuing to return, as if she had taken no medicine; Sunday morning vomited, and ejected from stomach twenty-four of the fresh-made pills she had been taking all these days.

2D—Lady six months advanced in pregnancy, had labor pains which threatened abortion. Doctor gave her, fresh made, 2 gr. opium pills every hour, until he became alarmed at the quantity of opium she had taken; pains not arrested in the least degree; she vomited after some hours, and every pill she had taken was thrown up undissolved, and of course did not prevent the abortion.

3D—Gastric disturbance with diarrhœa. Doctor prescribed sub. nit. bismuth, soda and powd. opium in capsules. The druggist made the powder into pill-mass and pressed this into the capsules. Some hours after medicine passed through the alimentary canal, the gelatine dissolved, but the mass was undissolved, and retaining the shape made by pressing into the capsule. These were fresh-made, but did not control the disease.

4TH—An anæmic patient took pills, each containing 3 grs. iron by-hydrogen, 2 grs. of quinine, $\frac{1}{20}$ gr. strychnine and $\frac{1}{20}$ grain arsenious acid. One pill three times per day. Five days after passed with an evacuation 12 pills, unchanged in size or shape. They were fresh-made pills.

5TH—A boy, aged eight years, took sugar-coated quinine pills from early morning until late in the evening, when he vomited

the entire number taken during the day, undissolved and whole as when swallowed.

This condensed and abbreviated paper cannot be expected to do justice to so important a subject; but when read by the many readers of your widely circulated journal, cannot fail to attract the attention of the profession to a great desideratum in practice, that of securing the entire solubility of medicines, in order to successfully combat disease. It will also call their attention to the patent fact, that, if in a depraved state of digestion, from disease, solid food cannot be digested for the nourishment of the patient, solid medicines cannot be digested and appropriated to the cause of disease.

THE USE OF GALLIC ACID IN PHTHISIS.

While there has been advancement in the knowledge of the cause and symptoms of phthisis, the treatment has not progressed sufficiently to enable us to control its terrible effects in almost any degree. As a celebrated German writer says: "The physician often merely prescribes for form sake;" and when he has used the stimulating expectorants, etc., the chances are that he has aided the disease to destroy the lung and the patient's strength. Being in a position where I have a large number of applicants suffering from this malady, I have devoted considerable time and study to the various modes of treatment, and have adopted a method which I have employed in practice, and obtained what I consider valuable results, having furnished, at least, greater relief by its use than by any other means.

The agent employed is *gallic acid;* and my reasons for employing it are as follows: It is an astringent; will reduce the irritation and inflammation of the bronchi and trachea; relieve the cough, and by a species of tanning, will harden the lung tissue, and prevent the destruction of the organ. When an abscess has been formed, a cicatrix may be secured, which enables the lung to resist the deposits from becoming embedded in the tissues, and prevents the formation of additional abscesses. This, I think, is of great importance in the treatment of this disease. This acid has been used with good results, as every physician can attest to, in cases of local irritation and inflammation, such as laryngitis, tonsillitis, and inflammation of the

bowels; it has also been found a valuable remedy in hemorrhage; and by the accomplishment of these results, the patient's strength will be saved and the progress of the disease arrested.

The cinchona bark has been used with many good results in the treatment of this disease, and one of its principles is tannic-acid.

The salicinous acid, which is used with such good results in the treatment of inflammation and febrile conditions, contains a large percentage of tannic acid. The cherry bark, or *prunus virginiana*, which is the vehicle of so many expectorants, contains this agent, tannic acid.

Out of two hundred cases treated during the past seven months, I found but two whom this remedy would not relieve; yet one of these would, I think, have found relief, had she continued the treatment. Five died; and they had their suffering greatly alleviated by the use of this remedy. The formula I generally use is as follows:

R. Acid gallic ..... 1 drachm.
Pulv. doveri ..... ½ drachm.
Pulv. cubebæ ..... 1 drachm.
Pulv. acaciæ ..... 1 drachm.
Pulv. glycyrrhizæ radicis ..... ½ ounce.

SIG.—Half teaspoonful, *dry*, every three or four hours.

In presenting this statement, I do so to invite the consideration of the profession, and ask a trial, and I believe they will obtain such results as will cause them to advocate its use, and be the means of arresting the progress of this disease.

WM. H. HUTT, M. D.,
Church Dispensary, Southwark, Philadelphia.

—*Med. & Surg. Report.*

BOOK NOTICES.

THE ELECTRIC BATH; Its Medical Uses, Effects and Appliance. By Geo. M. Schweig, M. D., member N. Y. Co. Med. Society, one of the physicians to the N. Y. Lying-in Hospital, etc. New York: G. P. Putnam's Sons, 1877. Gray, Baker & Co., St. Louis.

This is a beautifully printed book, of 134 pages. According to the author, electric baths are essential to cure a variety of

nervous and sexual diseases, that can not be cured so easily with drugs. It opens an unexplored field in physiological therapeutics, and should be investigated by "coming doctors."

THE MARYLAND MEDICAL JOURNAL, a new candidate in the medical journal field, for May (the first number), is to hand. It is a neat and handsomely printed journal of 36 pages. It contains several original articles from prominent medical writers. Drs. H. E. T. Manning and T. A. Ashley, editors. It deserves, and we hope it will meet with, success. Price, $3.00 a year. Address Maryland Medical Journal, Baltimore, Md.

MYELITIS OF THE ANTERIOR HORNS; or, Spinal Paralysis of the Adult and Child. By E. C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System in College of Physicians and Surgeons, N. Y. New York: G. P. Putnam's Sons, 1877. Gray, Baker & Co., St. Louis.

This is a new and valuable work on an important subject. Dr. Seguin thinks the prognosis is favorable as regards life, but unfavorable as regards permanent recovery.

AN ELEMENTARY TREATISE ON DISEASES OF THE SKIN, for the Use of Students and Practitioners. By Henry G. Piffard, A. M., M. D., Professor Dermatology University of the City of New York, Surgeon to Charity Hospital, to the N. Y. Dispensary for Diseases of the Skin, etc. London and New York: MacMillan & Co., 1876.

This is an elementary work on skin diseases, of 375 pages. It is perhaps as suitable for the general practitioner as larger works, as it is fully up to the times in every respect.

A SERIES OF AMERICAN CLINICAL LECTURES, edited by E. C. Seguin, M. D., Vol. II, January and December. New York: G. P. Putnam's Sons, 1877.

This is a handsomely bound book, of 340 pages, and has a dozen able articles by as many different able contributors.

EDITOR BRIEF: Please correct mistake in my article on Erysipelas in May number. It should read, "a heaping tablespoonful," *instead* of teaspoonful, and a *tablespoonful* of tea, instead teaspoonful, and oblige, yours truly,

JOHN FONDEY, M. D.

IODIA.

OFFICE OF KANSAS CITY SURGICAL AND MEDICAL INSTITUTE AND WOMANS' HOSPITAL,
KANSAS CITY, MO., May 11, 1877.

MESSRS. BATTLE & CO., ST. LOUIS, MO.:

Gentlemen—Our experience with the use of "IODIA" in the treatment of diseases depending upon a peculiar poison of the blood, and belonging to the family of Scrofula and Syphilis, is most gratifying. We have used it in many cases that may be regarded as *test cases* of Syphilitic Eczema and Phlegmonous Syphilides. One case in point, that had resisted able medical attention for three years, and presenting a dozen dirty, foul ulcers, when it came under our treatment, was entirely relieved and every ulcer healed, in the short space of four weeks, under the use of "IODIA." After watching this case for another month, the patient was discharged, entirely cured, but with the injunction to use the "IODIA" for some time. Four months now have passed, and no indications of a return of the disease. We are using largely of "IODIA" in treating many of the diseases in our female department. In ulcerations of the os-uteri, Chronic Endo Metritis and Endo Cervicitis, we find great benefit from it; also, in Leucorrhœa and Subinvolution of the Uterus, we find it a very valuable remedy. As an Alterative and Tonic, we regard it as the great "sine qua non."

Yours, most respectfully,

DRS. COOLEY & FOSTER.

IODIA.

By J. K. Mayford, M. D.

It is not my habit to base conclusions as to the therapeutic worth of a medical agent upon its action in a few cases, but only after a full and thorough trial. I wish, therefore, to place upon record my views concerning the great value of Iodia as an important and inestimable agent in the treatment of Scrofulous, Syphilitic, Cutaneous and Female Diseases, for, after great experience with this remedy in the treatment of the above-mentioned diseases in various forms, I can truly say that I never have had such extraordinary favorable results from any other preparation or mode of treatment. It is unquestionably the best Alterative yet used by me. With this remedy alone, Syphilis is completely shorn of its terrors, as it undoubtedly eradicates every vestige of the syphilitic taint from the system. Having been convinced of the superiority of Iodia, I have abandoned the use of mercury in Syphilis in all cases. Iodia is also an invaluable agent in the treatment of Chronic Diseases of the Female. It seems to act by restoring the uterine functions to a normal action, and it, therefore, rarely fails to do good in almost any form of uterine trouble.

Miss B., aged 17, scrofulous temperament, consulted me, October 10th, in regard to a profuse Leucorrhœa, and also a chronic corrosive discharge from the right ear. I diagnosed the ear trouble as Otitis Media. She stated that the discharge from the ear was of perhaps seven years' duration; that it frequently discharged pus and blood; that it was very offensive; and that she could not now hear out of that ear. I directed the ear to be syringed daily with warm water, and prescribed: R. Iodia, four ounces; syr. simp., two ounces; mix; S. teaspoonful four times a day. Under above treatment, Leucorrhœa rapidly disappeared, the discharge from the ear gradually became less, and then entirely ceased. At end of three months, found hearing perfectly restored, and patient's general health excellent (May 17, 1877).

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THE COLLEGIATE YEAR is divided into three Sessions; A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 19, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of their Session.

THE REGULAR WINTER SESSION will commence on the 3d of October, 1877, and end about the 1st of March, 1878.

The location of the new College edifice, being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to ALL THE CLINICS given therein, FREE OF CHARGE.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, etc., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March, and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and, if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

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For Course of Lectures,	$140 00
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For further particulars and circulars, address the Dean,

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A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

ISSUED EVERY SATURDAY.

R. O. COWLING, A. M., M. D.,
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[For the Brief.]

VENOUS CIRCULATION.

BY W. F. GLENN, M. D.,
Professor of Physiology in Nashville Medical College. Nashville, Tennessee.

It has long since been demonstrated, and is now substantiated by all the recent and best authorities upon physiology, that the blood moves through the arteries at the rate of about twelve inches per second; through the capillaries at about one-third of an inch per second, and through the veins at eight inches. Now, then, since the blood moves faster in the arteries than in the veins and much faster in the veins than in the capillaries, it is a self-evident fact that there must be some other cause for this venous circulation than the mere impulse of the heart from behind. The question then arises as to what this force is and how it acts. Though, in my opinion, it should have been discovered, first and foremost, of all other causes, yet in not one of the authorities do we find it. Prof. Dalton, in his recent edition, lays down three causes of venous circulation, as follows:

1ST. *Muscular contraction;* that is, in the extremities the veins lie between and among the voluntary muscles; they are guarded by valves, and the blood thereby prevented from returning toward the capillaries; consequently, when contraction of these muscles takes place, the blood is forced onward in the same vessels that were under pressure, or in consequence of frequent anastomosis it is conveyed into some neighboring vessel, and thus is urged onward toward the heart.

2D. *The force of the heart's* beat pushing the blood onward, and, as a matter of course, being the force by which the veins are kept filled.

3D. *Thoracic aspiration.* To this last great importance is attached by all modern writers on physiology. The principles laid down are as follows: The superior and inferior cava pass through the thorax on their way to the right auricle of the heart; during the respiratory movements of the chest by the formation of the vacuum produced by contraction of the respiratory muscles, the blood is, by aspiration, drawn towards the thoracic cavity, and, consequently, its circulation accelerated.

Now, in no authority do I find any other cause mentioned, or even hinted at, in connection with venous circulation. Though all of these do, probably in a greater or less degree, influence the circulation, at the same time the prime cause of the blood moving so much faster in veins than in capillaries has as yet been unnoticed. The Hamlet of the play has been left out, and nothing but the auxiliaries put in. Then, what is this leading and first cause? I would answer that it is, aspiration; but not, thoracic. I attach but little importance to thoracic aspiration, since the vessels have no direct connection whatever with the cavity of the thorax. The tubes through which the fluid travels simply pass through the vacuum without opening directly into it. I cannot see then that the formation of a vacuum within the cavity of the chest would have much influence, unless to draw vessels themselves strongly toward it, which it would undoubtedly do to their injury, did not the atmosphere fill as fast as it is formed. The moment the chest begins to dilate, and the diaphragm to descend, air immediately rushes in and continues to do so as long as the enlargement goes on; so in reality there is hardly any vacuum at all. Then where is the force of aspiration which draws the blood? If we will watch

the action of the central and prime organ of circulation, we will find it there. We know that the auricles first contract, thereby filling both ventricles; immediately the ventricles contract, and then we have what is known as the period of rest, when neither auricles nor ventricles are in a state of contraction, but the whole organ, for a short time (one-fourth of a pulsation), is relaxed and at rest. Now, then, the inferior and superior cava, and the coronary vein open directly into the right auricle, and these three vessels, as we know, bring all the venous blood in the body, so, during this period of so-called rest, there is a perfect vacuum formed, into which the vessels open direct; consequently, we have a powerful suction or aspiration brought to bear upon the blood contained within the veins; and this is the sole cause of the increased rapidity of venous circulation over capillaries. We see, then, that in reality there is no period of rest in the action of the heart; it never rests; it never sleeps, not even for one-tenth part of a second; but, while we think it is at rest, it is performing its functions just as vigorously as when it contracts.

To take a summary then: The heart is the central and prime organ of circulation; it sends the pure blood by the force of its contraction into the arteries, which by their elasticity and contractibility break the force, and at the same time carry it evenly along to the capillaries; here it moves very slowly, from the fact that at this point, specially, it is converted by the process of nutrition and assimilation from arterial into venous blood; in other words, the pure or nutritious elements are taken out, while the impure or broken-down materials, resulting from chemical, vital changes going on in the tissues, empties in. After this is done it has fulfilled its mission; it has performed the function it was sent by the heart to perform. It must then hasten back to the heart and thence to the lungs in order to relieve itself of this poisonous material, viz.: carbonic acid; and this hastening from the capillaries to the lungs is caused by the same organs that hurries it from the lungs to the capillaries. So we have in the action of the heart: first, a force from behind, throwing the pure blood out to the capillaries, where it becomes nearly stagnant; second, a force from the front, which draws it from the capillaries to the heart. The first produced by contraction; the second, by dilitation—one being as much a circulatory action as the other.

In conclusion,. I would say, that to my mind this is the most beautiful and wonderful process in all nature. The heart becomes, indeed, and in truth, the organ of circulation, possessing the power (aided by the elasticity of the vessels, and the contractibility of the arteries, and the valves of the veins) of circulating the blood rapidly through both arteries and veins, and very slowly and evenly through the intermediate system.

[For the Brief.]

TORONTO, ONTARIO, CANADA, MAY 23, 1877.

TO THE EDITOR BRIEF—*Dear Doctor*: I notice on page 148, May number MEDICAL BRIEF, an article from the pen of Dr. Glenn, of the Nashville Medical College, "On Disease." Having given the subject much special attention, I wish to offer a theory that appears to me to rest upon a rational basis. I look upon the organic nervous system as being the organ that presides over the involuntary functions. It possesses a discriminating power, and when food is taken into the stomach, it is seized upon and transformed into tissue. The vitalized gastric fluid is taken from the blood and poured into the stomach, the parastaltic and vermiculas motions are increased, and the food finally undergoes all the different stages of digestion.

The processes are all under the direct supervision of the organic nerves, act ng as the *commander-in-chief* of the different organs that do the work. The organs used by this system of nerves, as its servants, are, in the process of digestion, the teeth, stomach and whole alimentary passage; all of the organs that secrete the vital fluids, the absorbents, lacteals, messenteric glands, and thoracic duct as a channel for conveying the white blood to the general circulation; in circulating the blood, the heart, arteries, capillaries and veins; in supplying oxygen for vitalizing the blood, the respiratory organs; in depurating the lungs, skin, liver, kidneys and bowels. The grand object in prompting each of the servants to do its special work is that the vitalized lymph-granules and blood-corpuscles may be assimilated into the bodily structures.

If the supply of food is properly regulated, and all the conditions necessary for digestion, assimilation and depuration are

supplied, health will be the rule, and disease the exception; but if anything intervenes to prevent any of these interesting processes from being carried out the object sought is not obtained. This would leave a quantity of foreign or unvitalized matter in the system, which would have to be removed by the circulating and depurating systems, or if nothing occurred to mar the process of digestion and the depuration of the waste matter that results from the natural wear of the tissues was not performed, owing to the necessary conditions not having been supplied, this would cause an accumulation of fetid matter that must be removed under the supervision of our *commander*.

This foreign matter I hold to be the *cause* of disease. The *disease* itself, in this case, being the *action* that is established for the purpose of removing it; or, again, if any part of the body should be overworked, so that its structures failed to be properly repaired, it would cause a disturbance in the vital machinery, as a special action would have to be established for the purpose of repairing it. You will see that as soon as the *action* becomes unbalanced, it is a diseased condition.

I feel extremely obliged to Prof. Glenn for his article, and trust the subject may receive further elucidation.

Respectfully,

ISAIAH RYDER, M. D.

[For the Brief.]

WAS IT A CASE OF PUNCTURE?

EDITOR MEDICAL BRIEF: In order to know what to think about it, you will allow me a question of great importance. Last April I was called in consultation: the case was a retention of urine, and the appreciable cause was an engorgement of the prostate gland. The patient's regular physician tried to combat this prostatic condition by milk, tar-water and cold compresses on the hypogastrian region. This remedy having failed, two other confreres were called in. They practiced catheterium, which gave no result, though bladder was highly distended, almost as high as the umbillicus. Chloral was prescribed in large doses; it was of no benefit, except relieving the patient's pains. My father and I were called. Our first

thought was puncture of the bladder either through the rectum or sub-pubis. Our confreres being absent, we waited till they came. At 4 P. M., they were in. I introduced a bougie, whose eyes were plugged by coagulated blood; urine could not reach the holes of the instrument. A metallic catheter was passed by my father: same cause of obliteration ensued, though I introduced a very small bougie through the canal, in order to sweep it, if I could. Puncture was proposed by my father; and after a long discussion was rejected by Doctors Courtney and Mudd, Doctor Frahan remaining undecided. The two gentlemen objected to the operation, because the following question had not been satisfactorily answered: "What are the prospects and chances for both operation and patient?" Where is the surgeon that can surely answer for an operation of whatever kind it may be? The patient possessed the whole lucidity of intellect; pulse strong and full; was about 85.

According to all authors in surgery, puncture is the last resort in the hands of the surgeon (Aug. Vidal de Cassis, J. A. Fort, Druott, etc., etc.); and the more convenient time to operate is before the declaration of urenic fever: chances then are greater for a gain of time and patient's life. It is not in my knowledge that puncture has been limited to urenic fever; on the contrary, the operation is always indicated whenever urine cannot be voided, whatever may be its mechanical obstacle, or the febrile movement, or the toxic and disturbing action of urea in circulation. Was this case a case of puncture? Twenty leeches were prescribed and applied on the perineum, and the patient was to be immersed in a warm bath.

Will some surgeon please favor me with his opinion, and in such a case, where coagulated blood obstructs the eyes of the catheter, what would you do? Our patient died; and I cannot say if the bladder was ruptured or not, having only seen the unfortunate at the hour of consultation.

Dr. J. P. FRANCEZ.

[For the Brief.]

LOCOMOTOR ATAXY.

Case of Katie Belnap, aged 4½ years. Attacked 1½ years ago; said to be paralysis. Treated for same; partial recovery.

Was called to see the little lady during the month of February, 1877. Examination: diagnosis, diphtheria (severe); treated her tr. ferri chloridi et pot. chloras; not fully satisfied, substituted pot. chloras, et argent nit. Used as gargle. This subdued inflammation, removed all false membranes, healed up ulcers, etc., rapidly; there appeared to be a loss of articulation; could not cough, sneeze or speak plain; had that sonorous sound as though the posterior nasal cavity was much increased in size. Diagnosis: partial paralyzed condition of vocal cords as well as other parts.

When she got able to be out of bed, I noticed the staggering gait, the inability to control her motions. She could not put her finger upon any object, but would make motions around about it; in short, hers was a plain and well marked case of "Locomotor Ataxy."

Called Dr. S. D., of Hillsboro, Ills., to see her; was put on a course of treatment: cinchona sulph, iron et val. am. elix. Could not stand the remedies; lessened the dose. Too strong. Gave her one round of quin. sulph.; then put her on elix. catys. et strych.; kept her on that for the remaining treatment. She is now able to walk four squares or more; goes out to church, Sabbath-school, and is now well; is rosy-faced and speech recovered. More anon.

Yours, H. S. STRAIN, M. D.

NOKOMIS, ILL.

[For the Brief.]

PROTAGON.

BY C. G. POLK, M. D.

Protagon is a term familiar to physiologist and histologist, but is comparatively new in therapeutical nomenclature. Fairfield has well said that protagon "may be designated as the organizer and tissue generator of the animal and vegetable kingdom, and the source of all the morphological phenomena illustrated in the growth of living bodies from a simple albuminoid base." A histological element holding so high a relation to life cannot be modified or diminished without deranging the complex and delicate machinery of the human organism and producing disorder in vital processes.

For eighteen years I have contended that pulmonary consumption and other diseases of general constitutional deterioration had their essential and determining cause in deficiency of the phosphoid principles of the brain and nervous system. With ether and alcohol I have isolated these brain principles and formed them into solution with the cerebric acid of the brain, and administered them in pulmonary consumption, scrofula, premature decay of the brain functions and other diseases, which seem to be originated in a deficiency of protagon. Many incipient cases of consumption have entirely recovered, and nearly all who have used protagon have been benefited. In cases in which the respiratory apparatus had been damaged beyond repair, it has sustained the strength and delayed the coming of death. Until the last six months I used cod-liver oil, but recently I rely on protagon, with either Loeflund's extract of malt or that made by Troemmer, which does not seem to be inferior to the German product. My experience, however, has been principally with Loeflund's; and, I think, I can award to it a portion of the good offices bestowed upon tubercular patients by it and protagon in combination.

[For the Brief.]

ALUM CREEK, BASTROP COUNTY, TEXAS,
June 2d, 1877.

EDITOR MEDICAL BRIEF: For the benefit of the profession, it has occurred to me to lay before your numerous readers a cursory glance at an epidemic that came within the scope of my practice during the last spring.

Owing to the rush and hurry incident to the life of a country practitioner, it were a matter of impossibility to enter into details such as would be the case in hospital practice—I mean as regards the classification and written history of the cases; a matter which I now regret, as I could not then foresee the peculiar characteristics of the disease.

My experience relates to the disease incident to childhood, and not infrequent in adult life, commonly known as measles. The peculiarity of this epidemic was the marked tendency in all cases to relapse, so much so, that the conviction was forced

upon my mind that it would be no misnomer to call it relapsing measles. Without entering into minutiæ, I could enumerate case after case where the patients taking the disease and passing through its regular course convalesced and recovered apparent perfect health, to again, after a month or six weeks, find themselves suddenly prostrated by the identical disease, not differing in one iota from the first attack.

It seems to me that this is a question for physiologists and pathologists to think over and determine on, for we are taught by nosologists that in this, as well as in most other blood diseases, that one attack affords subsequent immunity from another seizure. One other singularity of this type was the peculiar susceptibility of adults, who had suffered from measles in childhood, contracting it, and again *relapsing*, making in all *three* distinct attacks of the disease.

These cases were thoroughly amenable to treatment, with about the average mortality. I would be pleased to hear from any of my confreres in the profession, if they have ever encountered anything similar to my experience.

Among our Texas frontier practitioners this peculiar type of measles has puzzled us no little, and we are anxious for light on the subject, for pathology gives us none. "*Sit Lux!*"

J. HEARN MATTHEWSON, M. D.

AN INSTANCE OF ANTISEPTIC SURGERY.

The following case was related lately to the Medico-Chirurgical Society of Edinburgh, by the surgeon, Mr. Bell:

A little girl, while playing at the top of a stair, fell down to the bottom, a distance of forty feet. Fortunately for her, there was a railing in a recess at the foot of the stair; and on one of the spikes of it she was caught, and, turning over, hung suspended, "like a leg of mutton," as her father described it. She was immediately seen by Drs. Young and Cuthbert, who, with great presence of mind, carefully protected the wound with lint steeped in carbolic oil. On examination at the infirmary, it was found that the spike had entered the popliteal space, but without injury to the blood-vessels; split the bone, and passed

out on the outer side. In this way the knee-joint was opened, so that he could pass his finger in. The whole wound was washed thoroughly with carbolic acid, ½; the edges brought together as well as possible, and free drainage, along with all antiseptic precautions, used. The highest temperature she ever had was 101° F. The result was, as they could see, that the child had a movable joint, and could walk well, any stiffness being merely muscular. Ten years ago, he would have amputated without hesitation. He had certainly never seen a worse case saved.

UTERINE NEURALGIA.

R. Tinc. aconit. rad	1½	drachm.
Ammon. chloridi	2	drachms.
Ammon. iod	1	drachm.
Tinc. card. co	1	ounce.
Syr. aurant. cort	4	ounces.
Aq. anisi. qs. ad. ft	8	ounces.

Sig.—One drachm, every four hours.

[For the Brief.]

PODOPHYLLIN.

The reason why this valuable remedy is often objected to is that it is very liable to produce nausea when administered in its crude state, as furnished by the druggist. To overcome this objection, I have caused it to be most thoroughly triturated with equal parts, by weight of white sugar. By this process an infinite division is made, which makes it more efficient and generally free of any nauseating action.—O. E. Newton, M. D.

INCONTINENCE of urine in children is more readily abated and oftener cured by bromide of iron than any other agent I have employed. To be able to abate the "wetting of the bed nuisance" is a desideratum. This remedy is about as efficient in this as in quinine for intermittents. Local clonic muscular spasms in hysterical women may often be relieved with it when other means have failed. In consultations in the cases named

I have suggested this remedy, the attending physicians replying, "I have given iron and also bromide of potash already without relief." Consenting to try the bromide of iron, they were surprised and gratified with the favorable results. It is this combination which benefits, proving that the united action of remedies is often requisite to success when either alone is insufficient. —*A. M. Journal.*

CYANIDE OF ZINC IN RHEUMATISMAL NEURALGIA.

Dr. Luton, of Rheims (*Bull. Gen. de Therap.*), again calls attention to the value of the cyanides in the treatment of rheumatism. He gives notes of two cases, one of sciatica, followed by trifacial neuralgia and delirium, where the remedy was administered according to the following formula:

R. Zinci cyanid. .....3 grains.
Aq. destillatæ.....6½ drachms.
Mix. Mucilag. acaciæ ad.....4 drachms.
Sig.—Tablespoonful every hour. Shake well before using.

The effect produced was surprising. The patient suffered less the first day after commencing treatment, the accompanying fever abated, the pain became tolerable, sleep and appetite returned. Within three days the disease was cured, and did not return. A second case of trifacial neuralgia, accompanied by acute articular rheumatism, fever, cerebral trouble, was cured rapidly by the same means. Dr. Luton gives notes of both of these cases. In the remarks which follow, he takes occasion to complain of the unmerited neglect with which this remedy has been treated by the profession, and complains almost bitterly of the popularity of propylamine and salicylic acid. Against the latter, indeed, Dr. Luton inveighs as a simple disinfectant elevated all at once by blind empiricism to the dignity of an anti-rheumatic remedy. He also considers the cyanide of zinc to have been employed heretofore in too small doses. If three, four, or four and-a-half grains are necessary to master the disease, let them be given, but in broken doses, so that elimination may proceed *pari passu* with absorption. The cyanides are transient in their effects: they only pass through the organism,

like chloroform, chloral, ether, etc. Hence there is no cumulative effect to be dreaded. Reduced rapidly to the condition of hydrocyanic acid, they are exhaled by the respiratory passages. Dr. Luton does not consider three-quarters of a grain of cyanide of potassium or zinc every hour excessive, and asserts that no risk is run in the administration of this dose. He prescribes it either in pill form or in the mixture above given.—*Phil. Med. Times.*

DIGITALIS IN SCARLATINA.

I have used this remedy in thirteen consecutive cases of scarlatina.

The age of the youngest patient was ten months, of the oldest twelve years.

There was an abundant eruption in ten of the thirteen cases. Four patients had severe inflammation of the throat, with ulceration, diphtheritic exudation, and considerable glandular enlargement.

The temperature, when the treatment was begun, ranged from 103 o to 106½ o ; pulse, 120 to 148.

No suppuration of glands occurred in any case; the temperature was promptly reduced to 102 o, or below; the pulse fell to 110–130, and there were no symptoms of nephritis, except in a single case. In that one the digitalis had been discontinued, and on the fifteenth day there was a sudden rise in temperature, convulsive movements in the muscles of the left side, and a trace of albumen in the urine.

The digitalis was resumed, and in twenty-four hours all bad symptoms subsided, and the patient made a good recovery.

Four of the patients died; one on the second day, in which eruption was hemorrhagic; two with scarlatina anginosa, on the fourteenth and seventeenth days respectively, in which no physician was called till the fifth day, the immediate cause of death being asthenia; and one after four weeks, who, as I was told, had acute diarrhœa, although I was not again called to attend it.

I may add that otitis followed in three cases, but was so slight as to require little treatment.

The infusion of digitalis was the preparation used in all these cases, in doses of ½ drachm to 1 drachm every four to six hours, the state and temperature being the guides to the dose and period of administration. Prof. Bartholow insists that the genuine English digitalis should be used, and prefers the *infusion*, although a *thoroughly trustworthy tincture* may be employed.

The results of the digitalis treatment in my own cases have satisfied me that it is worthy of a thorough trial; and these notes are published with the hope that others may be induced to use the remedy, and, in due time, report their success or failure to the profession.—Daniel Lewis, M. D., New York, in the *Medical Record.*

[For the Brief.]

HYSTERICAL AMAUROSIS.

Mrs. E., a married lady, in her twenty-first year, slender, and somewhat delicate in appearance, became suddenly and totally blind one morning, about ten minutes after the marital act. When visited, about half an hour later, she was found lying upon the bed, perfectly self-possessed, but suffering from slight convulsive movements of the extremities. The pupils were immediately dilated and acted almost imperceptibly under a strong light. A diagnosis of hysterical amaurosis was made, and the bromides of potassium and ammonium, the former in ten grain, the latter in five grain doses, were directed to be given every third hour. The patient was again visited about five hours later, by which time vision in the right eye had been completely restored and the left eye perceived light.

The history of the case is as follows: Mrs. E. menstruated normally in every respect from her seventeenth year up to the time of her marriage, which took place when she was twenty years of age. She had always enjoyed robust health. Conception immediately followed the consummation of the marriage, but about the fourth month she aborted in consequence of a fall, as she said. From that event, she lost flesh and became subject to dysmenorrhœa, and to menorrhagia, varying in intensity and frequency during the intervals between her menstrual periods.

On one occasion, while walking through the street, feeling better than usual, and in good spirits, the patient was suddenly taken with a cataleptic seizure, from which she recovered in about two hours. On another occasion, she had a similar attack, lasting about a minute. She had also shown other symptoms of hysteria from time to time. On the morning of the amaurotic attack, the patient had a slight hemorrhage from the uterus previous to the sexual act. No metroscopic examination was made; but disease of the uterus being undoubtedly present, the patient was advised to undergo immediate local treatment She coincided with the idea; but it was never carried into practice, at least so far as the writer is concerned, and the case was not again seen.

D. V. LYNCH, M. D.

DIPHTHERIA.

ED. MED. AND SURG. REPORTER.—In the *Reporter* of April 28th, I notice an article from the pen of B. R. Hamilton, Nauvoo, Illinois, on "Diphtheria and its Management." The doctor starts out with the assertion that the experience of American physicians is that diphtheria is not in any way, after development, controllable by remedies.

During the last four months this much dreaded disease has prevailed to an alarming extent with us, and the mortality has been great. During this epidemic it has been my fortune to treat one hundred and thirteen well-marked and unmistakable cases of diphtheria, beside numberless cases of tonsillitis, pharyngitis, and laryngitis, and I am able to say that not a single loss has attended my efforts to control and to eradicate from the system every symptom of the presence of the disease. The doctor quotes from Professor Oertel "against any interference with the false membrane." Admitting that this is the teaching of all writers on this subject, and that probably many lives may be saved by heeding such teaching, yet I am constrained to believe (by experience) that the congestion of the parts affected can in no way be relieved as speedily as by local depletion, either by the removal of the exudation, or by puncture. This may be deemed as heroic treatment, and as being hazardous to the patient.

Treatment.—When first called to a patient with this disease, I invariably prescribe some mild but active cathartic. Calcined magnesia I find is one of the best for this purpose. Locally, I use the persulphate of iron (Monsel's powder) and glycerine; one to two drachms of the former to one ounce of the latter, used with a swab every three or four hours, always using this wash soon after the removal of the membrane. Internally, I use chlorate of potassa, in large doses. A favorite prescription of mine is chlorate of potassa, three drachms; syrup of lemon and rose-water, each one ounce and a half; give one teaspoonful every two or three hours. This is for a child of three to five years. The amount is to be varied so as to meet each individual case. Externally, I use salt pork, rubbed well with capsicum. This constitutes my principal treatment in these cases. Should there be a tendency to a return of the membrane, I give a gargle composed of tannic acid, ten grains, rose-water, two ounces; to be used every three or four hours.

I give this treatment with much confidence, having used it through the past winter with results as before stated. Whereas, the treatment, as pursued by myself and many others (as per our text books), with hyposulphite soda, internally, and the liq., persulph. ferri, with carbolic acid and glycerine; hydrochloric acid, with iron, internally, each in their turn, have all signally failed of good, as the great mortality will show.

J. N. MEDBERY, M. D.,

[For the Brief.]

SULPHATE CINCHONIDIA IN NEURALGIA WITH GENERAL DEBILITY AND AN ANÆMIC CONDITION OF THE SYSTEM.

BY J. D. ALEXANDER, M. D., CHARLOTTESVILLE, VA.

There is no doubt but what the sulphate of cinchonidia will not only prove a valuable acquisition to the list of remedies, but especially a substitute for quinine. I have been using it very largely in my practice, and find that it really takes the place of quinine in every case, both as a sedative and tonic.

Will cite one case out of a number, that responded very promptly to its action:

Was called to see Mrs. M——, suffering terribly with temporal and facial neuralgia; had taken quinine previously, but it only afforded temporary relief. Prescribed the following:

R. Cinchonidia.....6 grains.
Pulv doveri.....10 grains.
M. Pub. in capsules, No. 2.
S. Take one capsule every two hours.

Called next morning, found patient entirely relieved of pain, though feeling very much indisposed from debility, due to an anæmic condition of the system. Prescribed the following:

R. Cinchonidia sul.....1 drachm.
Tinct. ferri chloridi.....4 drachms.
Acidi phosphorici (dil.).....1 ounce.
Ag. destil.....2½ ounces.
M S. Take one tablespoonful three times a day in a half-wineglass of water one hour before meals.

Called again in two weeks; found patient very much improved, with no return of the neuralgia since my last visit. I ordered a continuance of same preparation until I should return again, which was in a week, to find my patient entirely restored to perfect health, saying: "I feel as well doctor as I ever did in my life." It is admirably suited to those cases requiring a tonic or sedative.

IN HEMOPTYSIS.

R. Fluid ext. ergot.....
Tinct. opii camphorat.....
Syrupi tolutan..... } Equal parts.
M. A dessertspoonful every half hour, p. r. n.

FOR EXTERNAL USE IN ECZEMA RUBRUM.

R. Plumbi carbonatis..... 2 drachms.
Morphiæ sulphatis.....10 grains.
Chloroformi..... 2 drachms.
Glycerinæ.....M 2 ounces.

AN EXCELLENT AND ELEGANT FORMULA FOR PRESCRIBING GALLIC ACID.

R. Acidi gallici.....1 drachm.
Glycerinæ.....1 ounce.
Aquæ bullientis.....5 ounces.
M. A tablespoonful *pro re nata.*

BELLADONNA IN CORYZA.

A gentleman writes to the British *Medical Journal:*

I have found marked benefit from tincture of belladonna in the most severe attacks of coryza. I would recommend one dose of twenty minims in the evening, about six o'clock; this will stop nearly all the most distressing symptoms, especially the frequent, and in some cases, the almost incessant desire to sneeze. Another dose of ten or fifteen minims at bedtime will generally have the effect of all but completing the cure. There is little or no inconvenience felt the next morning from the medicine, except, perhaps, a little languor, though, I believe, some people bear belladonna better than others. I can speak highly of its effects on my own person.

CASE OF MEMBRANEOUS CROUP—NEW METHOD OF TREATMENT—RECOVERY.

Dr. Fulton says in the *Medical Reporter:* On the evening of the 22d of last month I was called in great haste to see a child of W. L. Found complaint membraneous croup, of which the child was apparently dying; skin cold and clammy; pulse rapid and thready; face pallid; eyes sunken, half open and fixed, and the breathing very difficult, with that crowing noise so peculiar to the affliction; suffocation seemingly imminent.

Having had a number of cases of this terrible disease, all of which proved fatal, notwithstanding careful treatment according to our text books, I determined putting into effect a new procedure, which I had contemplated doing in the very next case that presented itself, viz.: I introduced my little finger into the child's mouth, over the tongue, until the epiglotis was reached,

then pushed it into the larynx, as I supposed, and still forward, whether between or beyond the vocal cords I do not know; directly, the child took violent fits of spasmodic coughing, followed immediately by the elimination of large mouthfuls of membraneous exudation—very ropy—could be drawn like the white of an egg. The result was, the child on the very threshold of death, became animated, the complexion almost natural, the eyes, that were half opened and fixed, opened, and the breathing became less difficult. Relief was experienced until the next morning, when another paroxysm threatened. Again, I went through the same procedure, followed by the same good result; and prescribed the following, as recommended by Thomas Drysdale in a former issue of the *Reporter:*

R. Pulv. potassæ chlor..... 2 drachms.
Syrup limon..... 1 ounce.
Aquæ..... 3 ounces.

Sig.—A teaspoonful every hour.

Convalescence ensued with complete recovery.

Citric Acid in Diphtheria. — Dr. Caspari writes to the *Deutsche Med. Woch.* that he has treated successfully over forty cases of diphtheria by using locally (with the spray and brush) slightly diluted citric acid. Several of these cases had resisted treatment by salicylic and carbolic acid. Appropriate constitutional treatment was, of course, combined with the local.

Oxalate of Cerium in Obstinate Vomiting.—Dr. Peters reports four cases of obstinate vomiting, associated with different forms of disease, all of which had been benefited in a very striking manner by the use of large doses of oxalate of cerium, after an almost endless variety of measures had been unsuccessfully employed. In one of them—a case of cancer of the stomach—the oxalate was administered in the dose of four grains every two hours while the patient was awake, and continued until probably 600 grains were taken within three weeks, not only without inconvenience, but with such marked benefit that food was taken and retained with comparative comfort.—*New York Medical Record.*

OINTMENT FOR PILES.

Powdered opium	30 grains.
Tannin	1 drachm.
Carbolic acid	15 drops.
Oil of tobacco	10 "
Solution of subacetate of lead	20 "
Simple ointment	1 ounce.

Mix intimately. To be used morning and night.

CITRATE OF CHINOIDINE IN FEVERS.—From the original investigations of Buchner, recently repeated by Haller at the general hospital of Vienna, it has been ascertained that the citrate of chinoidine is about as successful as the sulphate of quinine in the treatment of intermittent fever, while the cost of the former is very much less than that of the latter. Haller gives a drachm of the citrate in three ounces of water and half an ounce of cinnamon water, for two or three hours during the apyrexia. Of forty cases thus treated, only one had a return of the fever, and this one was also cured by large doses.—*Gazz. Med. Ital. Lomb.*

TREATMENT OF HEMORRHAGIC FEVER.

Dr. W. H. Johnston, of Selma, Ala., writes to *Medical Record* as follows:

"I have found nothing comparable to diaphoresis in the treatment of this disease, and I carry it out in the following manner, viz.: If my patient is not too weak, I have him placed in a large tub of hot water, and throw a blanket around him, and let him remain for fifteen minutes. Then remove him and wrap him in a blanket, and cover him with blankets, and let him perspire for nearly or quite an hour, giving him bits of ice during the time. The nausea and vomiting will be greatly, if not entirely, relieved by this bath, and the yellowness of the skin will also disappear. In the course of two or three hours the urine will begin to grow lighter in color and have a urinous odor, and in ten or twelve hours will be normal. The pulse falls steadily after the bath. A few hours after the bath, I give fifteen or twenty grains of quinine by the mouth, or thirty grains by enema.

"If the nausea returns I repeat the bath. If my patient is too weak to be removed from the bed, I have a blanket wrung out after having been soaked in hot water, and wrap him in it after removing his clothes.

"I generally give teaspoonful doses of Squibb's fluid extract of ergot every two hours till the blood disappears from the urine.

"Though I believe the diaphoresis is sufficient without this to relieve the whole trouble, my subsequent treatment is quinine daily for a week or more."

TREATMENT OF DYSENTERY.

Dr. C. E. Steadman, at a late meeting of the Boston Medical Society, said he had been in the habit of treating dysentery with a combination of morphia and sulphate of soda, and had usually found it to quiet the pain and change the character of the discharges after one or two doses. By this treatment the severest cases, in forty-eight hours, seemed to lose their virulence. A short time since he was called to a child between two and three years of age, suffering from dysentery. Starch and laudanum injections, continued for two days, exerted no beneficial effect; after taking one dose of sulphate of soda, three grains, and sulphate of morphia, one thirty-second of a grain, the patient was relieved.

[For the Brief.]

THE following, originally recommended by the celebrated John Hunter, is, we believe, without a superior for whitening the teeth, and as a general dentifrice. We have never used, in forty years, any other powder:

TOOTH POWDER.

Powdered cream of tartar	3 ounces.
Powdered alum	4½ drachms.
Powdered cochineal	4 drachms.
Powdered cinnamon	½ drachm.
Powdered sugar	1 ounce.

—*Drug Circular.*

POISONING BY MORPHIA.

Dr. Chapman then reported a case of poisoning by morphia. A gentleman had taken three grains of the sulphate, mistaking it for quinia, in whisky before breakfast. While at breakfast his attention was attracted to the sensation of tingling in his feet; other symptoms following soon led to the discovery of his mistake. Dr. Chapman administered emetics in about one hour after the morphia was taken, and gave promptly a hypodermic injection of the one thirty-second grain of the sulphate of atropia. This injection was repeated four times in the same quantity, at intervals of ten to fifteen minutes, a cup of strong coffee being given meantime. The patient was kept walking in the open air, and the effect of the atropia watched in the dilitation of the pupil; towards noon there was some improvement. The next morning he was able to go about his usual business. This case is reported because the accurate dose of morphia is known, and the condition was such that the whole was absorbed before antidotes were administered, the size and number of the injections of atropia are also accurately given, and therefore it seems as if the antidotal effects of the belladonna is fully shown.—*Tol. Med. Jour.*

OXIDE OF ZINC IN CHRONIC DIARRHŒA.

Dr. Bonamy (*Bull. Gen. de Therap.*) has employed this agent with great success in obstinate diarrhœa, characterized by the frequent passage of abundant sero-bilious stools, without tenesmus or colic, and with only moderate pain in the abdomen. To prevent nausea and vomiting, he combines the zinc with carbonate of sodium:

R. Zinci oxidi..... 100 grains.
Sodii bicarb..... 16 grains.

Div. in chart. no. 6. One to be taken every three hours.

In M. Bonamy's experience, even the most rebellious diarrhœas, which had resisted all other means of treatment, yielded to this, and its effect was very rapid.

ON DYSPEPSIA.

At a late meeting of the Harveian Society of London, Dr. Farquharson read a paper on this subject.

Attention was directed to the state of the tongue in dyspepsia. A deeply fissured tongue often meant little; whereas a thin white fur, composed of minute dots, was generally found along with pain immediately after food. Pain after a longer interval was accompanied by a pale flappy tongue, with reddish tip and centre. The treatment of dyspepsia consisted of two parts, that of food and that of drugs. The latter was the principal part with patients applying for gratuitous relief. The pain occurring immediately after food was usually relieved by alkalies; whereas acids were indicated where suffering was not experienced until an hour or two after the commencement of the digestive act. For the relief of the nausea and sickness remaining after the bowels were thoroughly cleansed, nothing was so effectual as hourly drop doses of ipecacuanha wine. Nux vomica was also a valuable remedy. Pain might be but the protest of the stomach against an overload, or be the result of deficient tone, from general nervous exhaustion. In some cases each meal was followed by diarrhœa; and for these cases attention was directed to Ringer's plan of minute doses of the liquor hydrargyri perchloridi. In speaking of diet, Dr. Farquharson pointed out that there are three forms of dyspepsia: 1. The dyspepsia of fluids, as it is called, where the stomach seems intolerant of all forms of fluid; 2. The digestive derangements following intemperance in the matter of animal food; and, 3. The dyspepsia connected with indulgence in tea, or other warm and weak infusions of tannin.

CHLOASMA.

Dr. Buckley says the following seldom fails to remove the *brownish* discoloration of the face:

R. Hydrarg. bichlor.	8 grains.
Boracis pulv	2 drachms.
Acidi acetici, dil	2 drachms.
Alcohol	2 ounces.
Aquæ ad	4 ounces.

Mix. If it roughens the skin too much, omit its use and apply sweet cream.

THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.

Dr. Pavesi describes a formula which he recommends in the treatment of diphtheria. It is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: R. Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each 1½ parts; distilled water, 3½ parts; spirits of wine, 1 part. The whole is put into a strong glass vessel, which is closed, and exposed to a heat of 100° to 125° Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely evolved. A homogeneous solution is produced, which is filtered through the bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colorless liquid, having the odor of its constituent parts. It is insoluble in water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged. Used both internally and externally, it is an energetic antiseptic, antifermentative, disinfectant hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavesi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record.*

[For the Brief.]

CRANBERRIES have been used by me, and to my knowledge, as a local application in erysipelas, for the last twenty years. I believe them to be the best application in erysipelas in use. Relief is always rapid, and I have never known of their failure to arrest the disease. I use the ripe fruit, and bruise them, and cover the inflamed parts freely, changing every hour or two, until relief is obtained. When failure results, I believe it to be from insufficient use of them. I believe they have been in use by great numbers of the profession for years.

THOS. H. BRIGGS, M. D.

Mattawan, Mich., June 12, 1877.

LAXATIVE IN HEMORRHOIDAL AFFECTIONS.

R. Potass. bitart.....
Sulph. pulv..... } 2 ounces.

M. S. A teaspoonful in water before breakfast.

SOLUTION OF SALICYLIC ACID.

R. Acidi salicylic..... ½ ounce.
Liquor ammon. acetatis..... 2 ounces.
Syrupi limonis..... 2 ounces.
Aquæ..... 2 ounces.

M. Making a clear solution, five grains to the drachm, and positively pleasant to the taste.

MORPHIA AND BISMUTH SNUFF.

Muriate of morphia.....2 grains.
Light carbonate of bismuth.....6 drachms.
Starch, sufficient, or.....2 drachms.

Of the powder, one-quarter to one-half may be taken as snuff in the twenty-four hours. It is said to be very efficacious in curing influenza, cold in the head, etc.

[For the Brief.]

THE following *is the best lotion* for burns I have ever used:

R. Lime water..... 2 ounces.
Castor oil..... 2 ounces.
Liquid carbolic acid.....20 drops.
Mix.

DON ROY, M. D.

CHOLERA MIXTURE.

R. Mist cretæ..... 1 ounce.
Spts. chloroformi..... 15 drops.
Tinct. opii..... 4 drops.

M. To be taken every two or four hours.

GARGLE IN DIPHTHERIA.

R. Acidi carbolic..... 20 drops.
Acidi acetic..... ½ drachm.
Mellis..... 2 drachms.
Myrrhæ tinct..... 2 drachms.
Aquæ.....ad 6 ounces.

BOOK NOTICES.

CHEMICAL AND MICROSCOPICAL ANALYSIS OF THE URINE IN HEALTH AND DISEASE. By Geo. B. Fowler, M. D., Examiner in Physiology, Coll. Physicians and Surgeons, N. Y.; Fellow N. Y. Academy of Medicine, etc., etc. Second edition. Revised and enlarged. Eighteen illustrations. New York: G. P. Putnam's Sons; Gray, Baker & Co., St. Louis.

This is a handsomely bound little book of 97 pages. It is written in a plain style, and its directions are plain and definite. It is an important and practical little work, and should be carefully studied by every general practitioner.

THE ERRORS OF REFRACTION DEMONSTRATED BY A NEW AND ORIGINAL MODEL. By Franklin A. Munson, M. D., of Albany, N. Y., late Resident Asst. Surg. to the N. Y. Ophthalmic and Aural Institute.

THE WOMEN'S HOSPITAL IN '74. A reply to the printed circular of Drs. E. R. Peaslee, T. A. Emmet, and T. Gailard Thomas, addressed: "To the Medical Profession," May 5th, 1877. By J. Marion Sims, M. D., founder of the Women's Hospital of the State of New York, and formerly surgeon to the same.

CHOLERA—THE LAWS OF ITS OCCURRENCE—AND ITS NATURE. By C. Spinzig, M. D., 1877. St. Louis: St. Louis Book and News Co.

THE PROPHYLACTIC TREATMENT OF PLACENTA PRÆVIA. By T. Gailard Thomas, Prof. Obstetrics and Diseases of Women and Children, Coll. Physicians and Surgeons, N. Y.

AMERICAN NEWSPAPER DIRECTORY, 1877. New York: Geo. P. Rowell & Co.

This work is invaluable to advertisers, as it gives them the information necessary to prevent them being imposed upon by unscrupulous publishers.

IODIA.

OFFICE OF KANSAS CITY SURGICAL AND MEDICAL INSTITUTE AND WOMAN'S HOSPITAL,
KANSAS CITY, MO., May 11, 1877.

MESSRS. BATTLE & CO., ST. LOUIS, MO.:

Gentlemen—Our experience with the use of "IODIA" in the treatment of diseases depending upon a peculiar poison of the blood, and belonging to the family of Scrofula and Syphilis, is most gratifying. We have used it in many cases that may be regarded as *test cases* of Syphilitic Eczema and Phlegmonous Syphilides. One case in point, that had resisted able medical attention for three years, and presenting a dozen dirty, foul ulcers, when it came under our treatment, was entirely relieved and every ulcer healed, in the short space of four weeks, under the use of "IODIA." After watching this case for another month, the patient was discharged, entirely cured, but with the injunction to use the "IODIA" for some time. Four months now have passed, and no indications of a return of the disease. We are using largely of "IODIA" in treating many of the diseases in our female department. In ulcerations of the Os-Uteri, Chronic Endo Metritis and Endo Cervicitis, we find great benefit from it; also, in Leucorrhœa and Subinvolution of the Uterus, we find it a very valuable remedy. As an Alterative and Tonic, we regard it as the great "sine qua non."

Yours, most respectfully,

DRS. COOLEY & FOSTER.

VALLEY MILLS, BOSQUE CO., TEXAS,
August 7th, 1877.

MESSRS. BATTLE & CO., ST. LOUIS, MO.:

I have used in my practice the one dozen bottles of "IODIA" ordered last January with satisfaction to myself and patients. "IODIA" is surely a valuable medicine.

Respectfully,

E. P. BOOTH, M. D.

"IODIA."

LETTER FROM DR. CHAS. E. DAVIS, OF CHICAGO.

"CHICAGO, ILLS., December 14, 1876.

"MESSRS. BATTLE & CO., ST. LOUIS, MO.:

"*Gentlemen*—My experience with 'IODIA' is getting to be quite extensive; but I can only hope in this communication to summarize my experience with it, by saying that I have used it *until I am satisfied* that in all stages of Syphilis and Scrofula, and in all pustular diseases, dependent upon a vitiated condition of the blood, *it has no equal.* Did time and space permit, I could give you special cases in which its action was simply astonishing. One case of Scrofula—*the worst I ever saw*, of *ten* years' standing, during eight years of which it had treatment by the best physicians here and elsewhere, with only very temporary benefit—is yielding rapidly, after less than three months' use of it. This case is really a great marvel, for one can hardly conceive of a *living* being in its condition. I have also used 'IODIA' with marked benefit in Uterine disease, irritable Uterus and Chlorosis. I regard it with me as much a *standard remedy* as Opium or Quinia. I see in it the best road away from the abuses of mercury; and the quicker the profession know it, the better for the people.

"Yours truly,

"CHAS. E. DAVIS, M. D.,

"60 North Clark street."

Dr. L. Thomas, Ferris, Ellis Co., Texas, writes April 23, 1877, as follows: "I have used several pounds of 'IODIA,' and it has proved a success in every case."

CORPULENCE TREATED WITHOUT STARVATION; OR, HOW TO GET LEAN. By M. M. Griffith, M. D., of Parsons, Luzerne County, Pennsylvania. Wilkes Barre, Pennsylvania: E. B. Yordy. 1877.

THE PHYSICIANS' VISITING LIST FOR 1878. Lindsay & Blakiston: Philadelphia.

This well known visiting list—now the 27th year of its publication—continues to grow in popularity with the profession every year.

REVISED CATALOGUE OF MEDICAL BOOKS. Lindsay & Blakiston: Philadelphia.

Messrs. Lindsay & Blakiston have *reduced the price* of many of their publications to suit the times.

NOTES ON EPILEPSY. By Eugene Grissome, M. D., L. L. D., Superintendent Insane Asylum, Raleigh, N. C. Reprinted from Transactions Medical Society of N. C. 1877.

INFANTILE THERAPEUTICS. By John A. Larrobee, M. D., Professor Materia Medica, and Clinic Lecturer on Diseases of Children, Hospital Medical College, Louisville, Ky.

ANNUAL ANNOUNCEMENT ALBANY (N. Y.) MEDICAL COLLEGE FOR '77-'78.

PUBLIC HEALTH. IS IT THE DUTY OF GOVERNMENT TO PROVIDE FOR IT BY THE ESTABLISHMENT OF SANITARY AND HYGIENIC ESSENTIALS? By G. P. Conn, M. D. Reprint Trans. N. H. Medical Society.

VERATRUM VIRIDE. Its Physiological Effects and Therapeutic Use. By John S. Lynch, M. D., Prof. Practice of Medical College of Physicians and Surgeons. Baltimore: Reprint Trans. Medical Faculty of Md.

EPITHELIOMA PENIS. OPERATIONS. By Christopher Johnston, M. D., Prof. Surgery University, Md. Reprint *Md. Med. Journal.*

MO. STATE UNIVERSITY CATALOGUE. '76-'77.

IODIA.

"GOODMAN, MISS., September 10, 1877.

"MESSRS. BATTLE & CO., ST. LOUIS, MO.:

"*Gentlemen*—By the use of 'IODIA' (after treatment recommended by the best authors had failed) I satisfactorily relieved a little boy aged five years of Purpura Urticans, which I conceived proceeded from nutritive derangement of the walls of the blood-vessels. *In a practice of twenty years, I never had a remedy to come so happily up to the requirements of obscure pathology.*

The therapeutical properties of each component drug entering into the combination of 'IODIA' makes it an Alterant Tonic, eliciting extensive trial. The medical profession is in need of compounds *of reliable efficacy* based upon scientific pharmacy.

"Respectfully,

"A. S. BRUMBY, M. D."

"TROY, N. Y., September 6, 1877.

"MESSRS. BATTLE & CO., ST. LOUIS, MO.:

"*Gentlemen*—I have used in my practice fifty (half-pound) bottles of 'IODIA' in Syphilitic and Scrofulous diseases with great success. I find it to be a GREAT Alterative.

"Respectfully,

"A. HARRISON, M. D.,

"171 Terry street."

Therapeutical Notes on some Specialties in McKesson & Robbins' Pills, (Gelatine-Coated).

PHOSPHORUS, ... 1-100, 1-50, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while Sugar, owing to its crystaline nature, is very porous and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, both $\frac{1}{50}$ & $\frac{1}{100}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

ERGOTIN PILLS, ... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one ounce bottles.

PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or) reduced by hydrogen.

EXTRACT SUMBUL, (Musk Root,) ..... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmodic disorders, particularly in that class of cases where assafœtida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

SALICYLIC ACID PILLS, ... 2½ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

EXTRACT GRINDELIA ROBUSTA PILLS, ... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

EXTRACT GUARANA PILLS, ... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the *drug* varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick. nervous and sun headache, as well as in Neuralgia, and in irritations of the mucous mei

QUININE, SULPHO-CARBOLATE, ... 1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHOSPHIDE ZINC, ... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

PHOSPHIDE ZINC AND NUX VOMICA, (Hammond's formula.)

IODIDE OF IRON, (Blancard's formula,) ..... 1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

MONOBROMATED CAMPHOR, ... 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

QUININE, SULPHATE & BI-SULPHATE, ½, ¾, 1, 1½, 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 202.

QUININE, CARBOLATE, ... 1 gr.

QUININE, SALICYLATE, ... 1 gr.

QUININE, VALERIANATE, ... ½ gr.

CINCHONIDIA, SULPHATE, ... 1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

COMPOUND HYPOPHOSPHITES PILLS, (Lime, Soda, Potassa and Iron.)

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

DOVER'S POWDER PILLS, ... 2½ and 5 grs.

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

LACTO-PHOSPHATE OF LIME PILLS, ... 5 grs.

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

PEPSIN, BISMUTH AND STRYCHNINE PILLS, ... 5 grs.

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SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEB PILLS, ... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

Price Lists furnished upon application. See list of formulas, last page.

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Acid, Arsenious....1-50, 1-40, 1-30 and 1-20 gr.
***Acid, Salicylic**.....2 1-2 and 5 grs.
Aloes, U. S......4 grs.
Aloes and Assafœtida, U. S......4 grs.
Aloes and Iron.....3 grs.
- Pulv., Aloes, Soc., 1-3 gr.
- Pulv., Zingib. Jam., 1 gr.
- Ferri, Sulph., Exsic., 1 gr.
- Extract, Conii, 1-2 gr.

Aloes and Myrrh, U. S......
Aperient.....
- Ext., Nucis Vom., 1-3 gr.
- Ext., Hyoscyami, 1-2 gr.
- Ext., Coloc. Comp., 2 grs.

Assafœtida.....2 grs.
- Assafœtida, 1 1-2 grs.
- Pulv., Saponis, 1-2 gr.

Assafœtida, U. S......4 grs.
- Assafœtida, 3 grs.
- Pulv., Saponis, 1 gr.

Assafœtida and Nux Vomica.....
- Assafœtida, 3 grs.
- Ext., Nucis Vom., 1-4 gr.

***Atropia**.....1-60 gr.
***Belladonna Extract**.....½ gr.
Bismuth, Subnitrate.....3 and 5 grs.
Blue Pill, U. S......1, 3 and 5 grs.
Calomel.....1-2, 1, 2, 3 and 5 grs.
Camphor and Henbane.....
- Camphora, 1 gr.
- Ext. Hyoscyami, 1 gr.

***Camphor, Mono-Bromate**.....2 and 3 grs.
Cannabis Indica Extract.....1-2 gr.
Cathartic Compound, U. S......
Cathartic Vegetable.....3 grs.
- Ext., Col. Comp., pulv., 1 1-2 grs.
- Res., Podophylli, - - 3-8 "
- Res., Leptandræ, - - 1-8 "
- Jalapæ pulv, - - 1-4 "
- Aloes Socotrin pulv. - 1-2 "
- Ext., Hyoscyami, - - 1-4 "
- Ol., Menthæ Pip.

Chinoidine.....1-2, 1 and 3 grs.
Cinchonia, Sulphate.....3 grs.
Cinchonidia, Sulphate.....1, 2 and 3 grs.
Colocynth, Comp. Extract.....3 grs.
Colocynth, Ipecac and Blue.....
- Ext. Coloc. Comp., pulv., 2 grs.
- Pulv. Ipecacuanhæ, 1-6 gr.
- Pil., Hydrarg., 2 grs.

Cook's.....3 grs.
- Pulv., Aloes, Soc. 1 gr.
- Hydrarg., Chlor., Mite, 3-4 gr.
- Pulv., Rhei, 1 gr.
- Pulv., Saponis, 1-4 gr.

Copaiba.....3 grs.
Copaiba and Oleo-Resin Cubebs.....3 grs.
- Pil., Copaibæ, 2 grs.
- Oleo-Resin Cubebæ, 1 gr.

Copaiba and Oleo-Resin Cubebs.....5 grs.
- Pil., Copaibæ, 3 grs.
- Oleo-Resin Cubebæ, 2 grs.

***Corrosive Sublimate**....1-40, 1-30 and 1-20 gr.
***Digitalia, pure**.....1-60 gr.
Dinner (Cole's).....
- Pil. Hydrarg., 1 1-5 grs.
- Pulv. Aloes, Soc., 1 1-5 grs.
- Pulv. Jalapæ, 1 1-5 grs.
- Ant. et Pot., Tart., 1-50 gr.

Dinner (Lady Webster's).....3 grs.
- Pulv., Aloes, Soc., 1 4-5 grs.
- Pulv., Mastiches, 3-5 gr.
- Pulv. Rosæ, Gallicæ, 3-5 gr.

***Emmenagogue**.....
- Ergotin, - - 1 gr.
- Ext., Helleb., Nig., 1 gr.
- Ferri, Sulph., Exsic., 1 gr.
- Aloes, Soc., Pulv., 1 gr.
- Ol. Sabinæ, 1-4 gr.

***Ergotin**.....3 grs.
Ferruginous (Blaud).....3 and 5 grs.
- Ferri, Sulphas.
- Potassæ, Carb. aa

***Grindelia Robusta Extract**.....3 grs.
***Guarana Extract (Paullinia)**.....3 grs.
***Henbane, Extract**.....1 gr.
Hepatic.....
- Pil., Hydrarg., 3 grs.
- Ext., Coloc. Comp., 2 grs.
- " Bellad., 1-4 gr.

Hooper's.....2½ grs.

Hypophosphites, Compound.....
- Calcii, Hypophos., 1 gr.
- Sodii, 3-4 gr.
- Potassii, " 1-2 gr.
- Ferri, " 1-4 gr.

***Iodide of Iron (Blancard's formula)**.....1 gr.
Iodoform.....1 gr.
Iodoform and Iron.....2 grs.
Ipecac & Opium (Dover's Powder, U.S.) 2½ grs.
Ipecac & Opium (Dover's Powder, U. S.) 5 grs.
Iron by Hydrogen (Quevenne's).... 1 and 2 grs.
Iron, Citrate and Quinine.....1 and 2 grs.
Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.
Iron, Proto-Carb. (Vallet's Mass.).....5 grs.
***Iron, Proto-Chloride**.....1 gr.
Iron, Quinine and Strychnine.....
- Ferrum, Redactum, 1 gr.
- Quiniæ, Sulphas, 1 gr.
- Strychnia, 1-60 gr.

Laxative (Cole's).....
- Res., Podophylli, - 1-10 gr.
- Hydrarg., Chlor., Mite, 1 gr.
- Ext. Col. Comp., pulv., 3 grs.

Lime, Lacto-Phosphate.....5 grs.
***Mercury, Bin-Iodide**.....1-25 and 1-16 gr.
***Mercury, Prot-Iodide**.....1-5, and 1-4 gr.
Morphine, Acetate.....1-8 and 1-4 gr.
***Morphine, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.**
Morphine Valerianate.....1-8 gr.
Neuralgia (Brown-Sequard).....
- Ext., Hyoscyami, 2-3 gr.
- " Conii, 2-3 gr.
- " Ignatii Amaræ, 1-2 gr.
- " Opii, 1-2 gr.
- " Aconiti, 1-3 gr.
- " Cannab. Indicæ, 1-4 gr.
- " Stramonii, 1-5 gr.
- " Belladonnæ, 1-6 gr.

Neuralgia (Dr. Gross').....
- Quiniæ, Sulphas, 2 grs.
- Morphiæ, Sulphas, 1-30 gr.
- Strychnia, 1-30 gr.
- Acid Arseniosum, 1-30 gr.
- Ext., Aconiti, 1-4 gr.

Neuralgia, (Dr. Gross',) as above, without Morphine.
Nux Vomica Extract.....1-2 gr.
Opium, U. S......1 gr.
***Opium Extract**.....1-4, 1-2 and 1 gr.
Opium and Acetate of Lead.....2 grs.
- Opii, Pulv., 1 gr.
- Plumbi, Acet., 1 gr.

Opium and Camphor.....
- Opium, 1 gr.
- Camphora, 2 grs.

Pepsin.....5 grs.
Pepsin and Bismuth.....5 grs.
- Pepsin, 2 grs.
- Bismuth, Sub-Nit., 3 grs.

Pepsin, Bismuth and Strychnine.....5 grs.
- Pepsin, 2 1-2 grs.
- Bismuth, Sub-Nit., 2 1-2 grs.
- Strychnia, 1-60 gr.

Phosphates Iron, Quinine and Strychnine.....
- Ferri, Phosphas., 2 grs.
- Quiniæ, Phosphas, 1 gr.
- Strychniæ, Phosphas, 1-60 gr.

Phosphorus.....1-100, 1-50, 1-20 and 1-12 gr.
Phosphorus Compound.....
- Phosphorus, 1-60 gr.
- Ext., Nucis Vomicæ, 1-4 gr.

Phosphorus Compound.....
- Phosphorus, 1-100 gr.
- Ext., Nucis Vomicæ, 1-4 gr.

Phosphorus Compound and Iron.....
- Phosphorus, 1-100 gr.
- Ferri, Phosphas, 1-2 gr.
- Ext., Nucis Vomicæ, 1-8 gr.

Podophyllin.....1-4, 1-2 and 1 gr.
Podophyllin Compound.....
- Podophyllin, 1-2 gr.
- Ext., Hyoscyami, 1-8 gr.
- Ext. Nucis Vomicæ, 1-16 gr.

Podophyllin and Blue.....
- Podophyllin, 1-2 gr.
- Pil., Hydrarg., 2 1-2 grs.

Podophyllin, Capsicum and Belladonna.....
- Podophyllin, 1-4 gr.
- Ext., Bellad. Alc., 1-8 gr.
- Pulv., Capsici, 1-2 gr.

Podophyllin, Ext., Coloc. and Belladonna....
- Podophyllin, 1-2 gr.
- Ext., Coloc. Comp., 2 grs.
- " Belladon., 1-4 gr.

***Quinine, Carbolate**.....1 gr.
***Quinine, Salicylate**.....1 gr.
***Quinine, Sulphate & Bi-Sulphate**, 1-4 & 1-2 gr.
Quinine, Sulphate and Bi-Sulphate.....1 gr.
Quinine, Sulphate and Bi-Sulphate....1½ grs.
Quinine, Sulphate and Bi-Sulphate.....2 grs.
Quinine, Sulphate and Bi-Sulphate.....3 grs.
Quinine, Sulphate and Bi-Sulphate.....4 grs.
Quinine, Sulphate and Bi-Sulphate.....5 grs.
***Quinine, Sulpho-Carbolate** ....1, 2 and 3 grs.
Quinine and Aloes.....1 gr.
- Quiniæ, Sulphas, 3-4 gr.
- Pulv., Aloes, Soc., 1-4 gr.

Quinine, Arsenic and Nux Vomica.....
- Quiniæ, Sulphas, 1 gr.
- Acid, Arseniosum, 1-60 gr.
- Ext., Nucis Vomicæ, 1-4 gr.

Quinine and Iron.....
- Quiniæ Sulphas, 1 gr.
- Ferrum Redactum, 1 gr.

Quinine and Carbonate Iron.....
- Quiniæ, Sulphas, 1 gr.
- Ferri, Sub. Carb, 2 grs.

Quinine, Phosphorus and Nux Vomica.....
- Quiniæ, Sulphas, 1 gr.
- Phosphorus, 1-60 gr.
- Ext., Nucis Vomicæ, 1-40 gr.

Quinine, Phosphorus and Nux Vomica.....
- Quiniæ, Sulphas., 1 gr.
- Phosphorus, 1-60 gr.
- Ext., Nucis Vomicæ, 1-4 gr.

Quinine Compound.....
- Quiniæ, Sulphas, 1 gr.
- Ferrum, Redact., 1 gr.
- Acid, Arseniosum, 1-32 gr.

Quinine Compound and Extract Dandelion.....
- Quiniæ, Bi-Sulph., 1 1-4 grs.
- Ferri, Sulph., Exsic., 2 grs.
- Acid, Arseniosum, 1-24 gr.
- Extract, Taraxici, 1 1-4 grs.

Quinine Compound and Strychnine.....
- Quiniæ, Sulphas., 1 gr.
- Ferrum, Redactum, 1 gr.
- Strychnia, 1-30 gr.
- Acid, Arseniosum, 1-30 gr.

Quinine, Valerianate.....1-2 gr.
Rheumatic.....
- Ext., Coloc. Comp., 1 1-2 grs.
- Ext., Colch. Acet., 1 gr.
- Ext., Hyoscyami, 1-3 gr.
- Hydr., Chlor., Mite, 1-3 gr.

Rhubarb, U. S......
Rhubarb Compound, U. S......
Santonin.....1 gr.
Santonin and Calomel.....
- Santonin, 1 gr.
- Calomel, 1 gr.
- Chocolate.

***Sodium, Salicylate**.....5 grs.
Strychnine.....1-60, 1-40 and 1-30 gr.
***Strychnine Compound**.....
- Strychnia, 1-100 gr.
- Phosphorus, 1-100 gr.
- Ext. Cannab. Indic., 1-16 gr.
- Ginseng, 1 gr.
- Ferri, Carb., 1 gr.

***Sulphur, Iodide**.....1-25 and 1-10 gr.
***Sumbel, Extract**.....1 gr.
Syphilitic (Ricord's modified).....
- Hydr. Prot-Iodide, 1-3 gr.
- Lactucarium, - 1-3 gr.
- Ext., Opii, - - 1-10 gr.
- Ext., Cicutæ, - 1½ grs.

Tonic (Dr. Aiken).....
- Quiniæ, Sulph., 1 gr.
- Acid, Arseniosum, 1-50 gr.
- Ferrum, Redactum, 2-3 gr.
- Strychnia, 1-50 gr.

Triplex.....
- Extract Aloes, 2 grs.
- Podophyllin, 1-2 gr.
- Pil., Hydrarg., 1-2 gr.

Triplex (Dr. Francis).....
- Pulv., Aloes, Soc. Pil., Hydrarg.
- Pulv., Scammonii. Ol., Tiglii.
- Pulv., Myrrhæ. Ol., Carui.

Valerian Extract.....3 grs.
***Zinc, Phosphide**.....1-6, 1-4 and 1-2 gr.
***Zinc, Phosphide and Ext. Nux Vomica**.....
- Zinci, Phosphuretum, 1-10 gr.
- Ext., Nucis Vomicæ, 1-4 gr.

Zinc, Valerianate.....1 gr.

RECENT ADDITIONS TO LIST.

Aconitia.....1-60 gr.
Blue Pill Compound.....
- Pil. Hydrarg., 1 gr.
- Pulv. Opii., 1-2 gr.
- Pulv. Ipecac., 1-4 gr.

Blue Pill, U. S......1-2 gr.
Caffeia, Citrate.....a....1 gr.
Cinchona Bark Alkaloids.....
- Quiniæ Sulph., 1-2 gr.
- Quinidiæ Sulph., 1-2 gr.
- Cinchoniæ Sulph., 1-2 gr.
- Cinchonidiæ Sulph., 1-2 gr.

Cinchonidia Sulphate.....5 grs.
Codeia.....1-16 and 1-5 gr.

Phosphorus, Iron and Quinine.....
- Phosphorus, 1-100 gr.
- Ferri Carb. (Vallet's), 1 gr.
- Quiniæ Sulph., 1 gr.

Phosphorus, Iron, Quinine and Nux Vomica..
- Phosphorus, 1-100 gr.
- Ferri Carb. (Vallet's) 1 gr.
- Quiniæ Sulph., 1 gr.
- Ext. Nucis Vomicæ, 1-2 gr.

Piperin Compound.....
- Piperin, 1-4 gr.
- Hydr. Chlor. Mite, 1-4 gr.

Podophyllin.....1-8 gr.
Podophyllin and Leptandrin.....
- Podophyllin, 1-2 gr.

Potassium, Bromide.....2 and 5 grs.
Quinine Sulpho-Carbol.....5 grs.
Quinine and Strychnine.....
- Quiniæ Sulph., 1 gr.
- Strychnia, 1-60 gr.

Quinine, Iron and Nux Vomica.....
- Quiniæ Sulph., 1 gr.
- Ferri Carb. (Vallet's), 2 grs.
- Ext. Nucis Vom., 1-4 gr.

Salicin.....2 1-2 and 5 grs.
Salicylic Acid with Morphine.....
- Acid Salicylicum, 2 1-2 grs.
- Morphiæ Sulphas, 1-12 gr.

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THE

MEDICAL BRIEF,

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HOW LONG OUGHT WOMEN TO STAY IN BED AFTER DELIVERY?

A valuable paper was read at the last stated meeting of the Medical Society of the County of Kings, by H. J. Garrigues, M. D., entitled, "How Long ought Women to stay in Bed after Delivery?" Dr. Garrigues dissents from the positions taken by Dr. Goodell, of the Philadelphia Preston Retreat, recently published in the American supplement to the *Obstetrical Journal*, both on theoretical and on practical grounds. Dr. Goodell, it will be remembered, holds the view that, labor being a physiological process, it should not be made to wear the livery of disease, and that, under circumstances fairly favorable, the patient should be encouraged to get up and dress herself on the third or fourth day after delivery. His reasons are, that the upright posture excites the womb to contract; that uterine diseases scarcely exist among races whose women leave their beds early, and that his own experience has shown him that convalescence is rendered far more prompt and sure. After discussing the literature of the question, as represented by Scanzoni, Naegele, Siebold, Schroeder, Spiegelberg, Cohnstein, Bischoff, Barnes, Playfair and Gallard, Dr. Garrigues cites the exact investigations of Hecker, Heschl, Boemer, Duncan, Serdukoff, and Autefage, as to the weight and di-

mensions of the womb immediately after delivery, and the relative rapidity with which the organ resumes its normal weight, dimensions, and position. It appears from Boemer, who has measured in 64 cases, that immediately after the event the length of the organ varies from 12 to 19 centimetres (3½ to 4½ in.), and that at the expiration of two weeks the womb is still from 9 to 12 centimetres long, the length of the cavity in the non-puerperal state being only from 6 to 7 centimetres. The width of the organ at the first examination was 10 centimetres, and its elevation above the symphysis pubis 11 centimetres. The elevation diminished during the first twelve days to 5.2; but on the twenty-second day it was still 4.6, whereas the normal elevation is only 3 centimetres. Heschl's data as to weight are even more significant. The organ, according to Heschl, weighs from 22 to 24 ounces immediately after parturition; at the end of the first week from 19 to 21 ounces, at the end of the second from 10 to 11 ounces, at the end of the third from 5 to 7 ounces; its normal weight of from 1½ to 2 ounces being arrived at only by slow reduction at the end of the second month. Again: the formation of a new mucous lining of the organ never occurs before the third or fourth week, and the regeneration of that tissue is often delayed considerably longer than that; not being finished, according to M. Robin, until sixty or seventy days after the delivery. Dr. Garrigues gives a short but very comprehensive summary of this and other physiological processes, and argues from all the data collected by modern research that the sitting posture is apt to produce alterations in the shape and position of the womb, which hinder free circulation and disturb its involution, to say nothing of tending to form emboli—a frequent cause of sudden death after parturition as well as of dangerous secondary hemorrhage. The time that a woman should stay in bed cannot, he concludes both from physiology and from practical observation, be limited by any prescribed number of days, but must depend upon the rapidity of the shrinkage in weight and dimensions, and of the regeneration of the mucous membrane in each particular case; and these points the practitioner must determine by daily examination. His rule is not to permit a patient to get up until the womb has retired from the abdominal wall and subsided behind the symphysis, which, in most cases, takes place about two weeks from the date of the delivery.

HOW TO GET RID OF A BLACKENED EYE.

If one is so unfortunate as to get hit on a peeper, it is said that the effects can be removed within two or three days in the following manner: If there is much pain, foment the parts continuously with simple *hot* water until it ceases, and then keep the contusion constantly wet with the following lotion:

R. Muriate of ammonia.....2 drachms.
Vinegar.....2 ounces.
Water.....2 ounces. M.

JABORANDI IN MASTITIS.

G. M. Wells, M. D., of Sonoma, Cal., writes: Allow me to direct the attention of the profession to the use of jaborandi in mammiary abscess. Mrs. G. has been the subject of repeated abscesses. As soon as one was formed and lanced another succeeded, until she became "weary and worn out." Quinine failed, sulphocarbolates did no good, belladonna externally and internally disappointed our hopes, so I determined to try some other remedy, and gave the following:

R. Ext. jaborandi fld..... ½ ounce.
Ext. dandelion fld..... ½ ounce.
Syr. simp..... 3 ounces. M.
S. Half ounce every two hours.

I directed the above to be used until profuse sweating was produced, which occurred after the third dose in such profusion as to saturate the linen thoroughly, and continued for several hours. As soon as the sweating became thoroughly established the temperature and pain, which before had been excessive and severe, were reduced and relieved; and the symptoms, which were so threatening the day before, were all gone. The debilitating effect of the sweating passed off in a few days, since which time the patient has been in excellent health.

COFFEE AS AN ANTIDOTE TO STRYCHNIA.

Dr. Attilio Lelli having met with a case in which a large dose of strychnia was administered in coffee without fatal consequences, was led to institute some experiments to determine whether

it possessed an antitoxic power against this drug. The animals employed were rabbits, and by comparative trials he found that a dose of five centigrammes proved fatal in a short space of time; when the same or a larger dose was given in a very strong infusion of coffee, he found that the coffee either acted as a complete antidote in preventing the poisonous effects of the strychnia, or that it materially diminished the violence of its action. The details of the experiments are given in the *Rivista Sperimentale di Freniatria*, edited by Prof. Carlo Livi, of which the first Fasciculus of the third volume has just been issued.—*London Lancet.*

A NEW MUCILAGE.

The *Journal de Pharmacie* states that if, to a solution of gum-arabic, measuring 8⅛ fluid ounces, a solution of 30 grains of sulphate of aluminum, dissolved in two-thirds of an ounce of water, be added, a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.

IMPROVEMENT IN SIMPLE ELIXIR.

R. Alcohol.....2 pints.
Aromatic water.....3 pints.
Simple syrup.....3 pints.
The *Aromatic Water* is made as follows:
Distilled water..... 3 pints.
Oil of cinnamon.....45 minims.
Oil of orange..... 2 drachms.
Carbonate of magnesia..... 4 drachms.
Mix and filter.

LIQUID COSMETICS FOR THE COMPLEXION.

The most harmless of these preparations are made by suspending zinc white in a mixture of glycerine and rose or other perfumed water. The best zinc white is the "Vieille Montagne" brand.

NITRATE OF URANIUM.

The dose of the salt is stated to be one-sixth of a grain in water, three times a day; this may be gradually increased to one-third of a grain and more. It has been successfully administered in that manner for *Diabetes Mellitus.*

ALUM FOR VOMITING IN PHTHISIS.

Dr. Dessau says: In the vomiting which often complicates phthisis pulmonalis and its allied affection, chronic bronchitis, independent of that brought on by the cough, it is of the utmost importance to be possessed of a reliable remedy to check it. It is almost astonishing to observe with what happy success small doses of alum, say from three to five grains, given in solution with some aromatic water, as cinnamon, for instance, acts here. When the vomiting in these cases is frequent and severe, I have given the alum every second or third hour, but otherwise three times a day is sufficiently often. Rarely does the remedy need to be used beyond twenty-four hours. In a few cases that came under my observation the vomiting, after having disturbed the patient for several days, has ceased after the second dose of the alum.

WHEN NOT TO GIVE IRON.

Dr. Milner Fothergill has contributed a few very practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is well to withhold chalybeates altogether. This is particularly true of phthisis; no matter what the other indications are, it is useless, and sometimes worse than useless, to give it unless the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well; and it is often well borne by them in conditions which in the adult distinctly forbids its use.

There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer's Indian experience is in full accord with this expression of opinion.

REMEDY FOR TAPEWORM.

W. T. Erith, M. D., Vineland, N. J., strongly recommends a remedy which, during thirty years' experience, he has successfully used with twenty different patients. In no case has he ever failed in dislodging the worm in three or four hours by the following formula:

Oil of turpentine.....4 drachms.
Gruel, not too thick.....3 ounces.

Mix well. Abstain from supper; take the mixture on waking in the morning, and lie down until it operates. It is safe and effectual.

THE COCKROACH IN DROPSY.

In Russia the common cockroach (*blatta orientatis*) is a favorite popular remedy for dropsy. Dr. P. Bogomolow, of St. Petersburg, has lately examined its effects in nine cases of Bright's disease, heart disease, and other affections accompanied with severe dropsy, and in all the result was the same. There was an increase in the secretion of the urine and perspiration, with rapid disappearance of œdema, and also almost complete disappearance from the urine of albumen and renal derivatives. The dose was five to ten grains of the powdered cockroaches in the twenty-four hours, but they were also administered as a tincture. These insects do not, like cantharides, says the *Boston Journal of Chemistry*, produce any irritant action on the kidneys. Dr. Bogomolow has succeeded in extracting from them a crystalline body which he calls antihydropin, and which is their active principle.

FOR GONORRHŒA.

Dr. Leonard says: Quinine, 12 grains; acid sulph. aromat., 15 grains; aquæ rosæ, 4 ounces. Ft. injectio. Wash out the urethra and use half an ounce of the fluid at a time, two or three times a day, retaining it in contact a short time. This is the best local treatment I have found. It does not preclude the usual antiphlogistic treatment during the inflammatory stage, but it will take the place of any or all of the specifics in this disease.

GRINDELIA.

Prof. Bartholow says the therapeutical applications of grindelia might be deduced from a study of its physiological actions. The combination of an oleo-resin with a narcoctic principle, is one especially advantageous in the treatment of the respiratory neuroses. Our Californian colleagues have used grindelia with success in the treatment of the asthmatic paroxysm. If I may form an opinion from an experience with a few cases, I must admit that the California reports are well founded. In several cases of asthma, in cough maintained by habit, and in spasmodic cough from reflex causes, it has afforded decided relief. Like other so-called expectorants and diuretics, which contain an oleo-resin, grindelia is seviceable in chronic bronchitis, and bronchorrhœa, and in catarrhal states of the genito-urinary mucous membrane.

The effects which grindelia produces on the cerebrum, as a hypnotic and anodyne, are strongly suggestive of a sphere of usefulness in the future. How far the anodyne and hypnotic action, so conspicuous in animals, will occur in man, remains to be seen.

COLORLESS IODINE.

The use of iodine is sometimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colorless without destroying its therapeutic properties.

FOR AFTER-PAINS.

R. Sulph. morphiæ.....1 grain.
Bromide potass.....8 grains.
Pulv. camphor.....8 grains.
Caulophyillin.....8 grains.

M. Make eight powders. S. One powder every hour or two until relieved.—*Southern Medical Record.*

NASAL CATARRH.

Dr. Lehardy says in the Atlanta *Medical Journal:* The local treatment is always unpleasant and generally painful, and for this reason I have simplified it as much as I possibly could. In the first place, the patient should be well instructed how to use an injection, or douche, through the nostrils. (I prefer the syringe, for the reason that the force of the current can always be regulated by the patient himself). When he can open his mouth sufficiently and breathe while the current is passing from one nostril to the other, and be made to understand that all the water must be allowed to flow out of the nasal passages before breathing through them, then he can be intrusted with that part of the treatment. During a ten years' constant application of this method I have not met with a case of inflammation of the middle ear produced by an injection when used as above directed.

A solution of common salt, in warm water, has given better results than any other injection I have used. It is generally soothing, and washes out the passages very well. When this application is made three times a day, and the passages are well cleansed, no hard scab has time to form, the nauseous smell soon disappears, and the disease is checked in its progress.

When the disease is on the wane, light astringent injections may occasionally be used to an advantage. Acetate of lead, tannic acid, and sulphate of quinine may be used in weak solutions.

The patient should also be instructed how to mop the upper part of the pharynx by a tongue-depressor, if necessary, and to make local applications there with a curved camel's hair brush or mop made with cotton-wool. For such applications I prefer a solution of chlorate of potash or of common salt where there exists much irritation, and of turpentine when the circulation is sluggish and the parts are covered with a muco-purulent secretion.

Having the patient conversant with the use of the mop, the nasal passages cleansed, and the pharynx attended to daily, the moment that these means are found to have caused a check in the progress of the disease is the most favorable time for the physician to begin the local curative applications. Of these I

have found nitrate of silver to answer best, and use it almost exclusively. When a strong impression requires to be made on the mucous membrane, I use a solution of one hundred to one hundred and twenty grains to the ounce, with a very fine atomizer, washing off the parts immediately after with a solution of salt. When a stimulating influence is desired, a solution of ten to forty grains is best. Such applications should be made over the nasal passages, and the pharynx once every fourth, sixth or seventh day, judging from the effects produced, until the disease is entirely cured; otherwise, you will have the mortification of going back over the same routine with your patient, or of seeing him leave you dissatisfied.

ERGOT IN HEMORRHOIDS.

Dr. Lamadrid says in Philadelphia *Medical Times:* Having used ergot for the last three years in the case of hemorrhoids I thought it proper that I should confirm Dr. Edward S. Lansing's statement and experience as regards the beneficial action of this drug in that disease. This treatment I first saw suggested about three years ago in some medical journal. Since then I have used it with good and decided success in all cases of hemorrhages, including severe epistaxis, hemorrhoids, etc. We are familiar with the effect of ergot upon the unstriped or involuntary muscular fibre, exciting it to contraction. Upon this well-known physiological principle it was suggested in almost all cases of hyperæmic condition, or, in other words, in enlarged conditions of the blood vessels as a result of hæmostatic pressure. Such, then, being the actual pathological condition found in hemorrhoids (enlarged veins), there cannot be any doubt that on this principle and fact alone ergot can give excellent and efficient results; indeed, in my hands it has never failed to give satisfaction in all those cases where I have used it for such purpose to produce contraction of the blood vessels.

I have been in the habit of using it in the rectum (having previously advised an enema of warm water to remove any deposit in the lower part of the rectum) either as an injection in the form of Squibb's fluid extract ergotæ ½ dr'm twice a day, or as

a suppository, as recommended or used by Dr. Lansing. I believe it has also been recommended hypodermically; but this, I think, must be a rather unpleasant and painful way, besides running the risk of causing abscesses, which, as a rule, are easily produced by the hypodermic injection of ergotin. Of course our next, if not principal, object is to attend to the bowels which frequently are found in a constipated state: this can be prevented and remedied by giving the proper medicines usually prescribed in such cases.

COLOCYNTH IN THE TREATMENT OF PAIN DUE TO EXCESSIVE PERISTALTIC ACTION.

Dr. James I. Tucker announces in the *Chicago Medical Journal Examiner* that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium; providing it be used in the proper dose. In these cases he employs, not the solid extract, but the tincture, and in exceedingly small quantities. He uses just enough of the tincture to render the excipient—generally water—slightly bitter. This, given in teaspoonful doses, repeated *pro re nata*, has given the most speedy relief from virulent griping. The writer claims to be able to fortify this statement by an array of numerous cases which have fallen under his own observation.

AMYL-NITRITE IN PERTUSSIS.

Dr. George Bayles reports experiments made with amyl-nitrite in ten cases of pertussis. In all the cases the usual remedies proved as ineffectual as usual, and the whoop was established when the physician was called. In every instance save one regular treatment began with quinine, but sooner or later in each case amyl-nitrite was employed. The other remedies used, as quinine, chloral hydrate, etc., all tended toward accomplishing the desired object, and though each gave evidence of its prime utility, it was reserved for the amyl to be the most promptly remedial.

In quinine there appears to be a real antidotal action to the specific root-element of this disease (whatever that may be); employed

throughout the progress of the disease, it cannot but be of advantage. Chloral is a sedative nervine of very efficient action, and beneficial in an eminent degree where nervous excitement is intensified by the apprehension of an approaching paroxysm of coughing. This agent, therefore, was the most serviceable in the cases of the elder patients.

Amyl comes in as a direct anticipatory measure for the relief of the cough as to its frequency, and also to its pacification as to paroxysmal energy. From this point on, the cases must speak for themselves; and I think they will be found to illustrate the positive value of nitrite of amyl in allaying the violence and limiting the duration of the cough of *pertussis*.

In all cases reported there was a diminution in the force of the cough, the sound of the whoop was not as marked, and the intervals between the paroxysms were lengthened, when amyl was employed. The remedy is given at the commencement of a paroxysm by inhalation, varying in size from one minim for a child, five or six months old, to three minums in one at the age of twelve. The best way to administer it is to drop the amyl into the bottom of the interior of a tea cup which is to be inverted over the mouth and nostrils of the patient, not so closely, however, that the edges of the cup would come in contact with the surface of the skin. This should be done the instant the period arrived for the violent cough to be repeated. The cough commencing and gathering force is a signal to use the amyl. The prompt effect is so to modify the paroxysm as to silence the peculiar sonorous inspiration, repress the vomiting, and to allow the cough to assume the character of that which belongs only to acute bronchial catarrh.—*Virginia Medical Monthly.*

TREATMENT OF RINGWORM BY PERCHLORIDE OF IRON.

Dr. Brown says: I have tried this agent in several cases, and with very excellent results. I generally paint the affected parts with a solution made of equal parts of water and the liquor ferri perchloride fortior of the *Pharmacopœia* on three successive days, and then wait for a few days to observe the result. This is generally sufficient for a cure, but occasionally one or two further applications are necessary.—*British Medical Journal.*

BENZOATE OF LITHIUM IN GOUT.

The benzoate is superior to all the other preparations of lithium in the treatment of the uric-acid diathesis. It is readily soluble in water, and the benzoic acid, by its transformation into the nitrogenous hippuric-acid, counteracts the secretion of the uric-acid. Instead of the rather insoluble urates, which are generally regarded as the cause of the gouty affection, appear the readily soluble hippuric alkalies and earths, which are excreted from the organism with the urine. The truth of the above propositions has been proved by experience. With the continued use of benzoate of lithium the attacks of gout become more rare and milder, and the pains in the bones cease.

DEATH FROM CHLOROFORM AVERTED BY THE INHALATION OF NITRITE OF AMYL.

We have received from a physician (*Brit. Med. Journal*) the following interesting report for publication: On the 29th instant I was asked by a professional friend to administer chloroform to a patient of his, from whom he was about to remove a fatty tumor, situated in the left lumbar region. The patient in question was about forty-nine years of age, married, the mother of several children, of thin spare habit, but otherwise in good health. She was nervous, and apprehensive of the result, entreating me not to give her too much chloroform. Having previously examined the heart and found all the sounds normal, I gave her about two teaspoonfuls of brandy undiluted; and after waiting a few minutes, and placing her in the recumbent posture, I commenced the administration. The chloroform I used was Duncan & Flockhart's, upon the purity of which we can always depend. I poured a measured drachm upon a piece of lint, enveloped in a towel. I held it some little distance from her mouth and nose, and let her inhale slowly. My friend noted her pulse, whilst I carefully watched the respiration. The first dose did not produce any effect, and I then used another drachm, which soon caused a good deal of excitement, incoherent talking and struggling—the patient striving several times to snatch the inhaler from my hand. This gradually subsided, and she

appeared to be passing into the third stage of anæsthesia, when she made an abortive attempt to vomit, raised her head from the pillow, and, to my friend's great alarm, the pulse flickered and stopped altogether; she gave a gasp; foam gathered on her lips; her jaw became rigid; and to all appearance she was dead. I immediately withdrew the chloroform; my friend dashed some cold water on her face and pulled her tongue forward, whilst I commenced artificial respiration, after Marshal Hall's method, but without success. We then poured some nitrite of amyl on lint, and held it to her nostrils. In such emergencies it is impossible to judge the flight of time correctly; but I should say in ten seconds there was a flushing of the face, the pulse was again felt, and, to our great joy, the all-important function of respiration was again restored; the woman being rescued apparently from the very article of death. After a time, the anæsthesia seeming tolerably profound, my friend proceeded to remove the tumor, which he did in a rapid and skillful manner, whilst, as the patient grew restless, I gave an occasional whiff of chloroform. It proved to be an ordinary fatty tumor. Only one small vessel required to be ligatured. The wound has since healed rapidly, and the patient has made a good recovery. In looking at the order of symptoms, I cannot help forming the opinion that, had it not been for the nitrite of amyl, this poor patient would assuredly have died.

CREOSOTE IN DIARRHŒA.

In a Southern journal a physician reports two cases of somewhat obstinate diarrhœa which yielded to the administration of creosote. The first case was that of a female child fifteen months old, and the following prescription was exhibited:

R.	Creosote	5 drops.
	Saccharum	1 drachm.
	Gum acacia	1 drachm.
	Aqua	2 ounces.

Of this mixture a teaspoonful was administered three times daily, and in three days successful results followed.

The second case was that of a little boy, between six and seven months old. The same prescription was used, and the same favorable result was obtained.

PAIN AND DISEASE.

The influence of pain as a factor in originating or in aggravating organic disease, is a contingency which is too often lost sight of. But how far pain may actually generate disease, it is difficult to say. That however severe and continuous, pain will react, as it were, upon the nutrition of the tissues supplied by the affected nerve, and originate or aggravate organic affections, is so probable that the alleviation or removal of this symptom, independently of the causes which may have originated it, should be always an important indication in the treatment of disease. A full anodyne will often cut short an attack of acute disease by preventing irritation from pain.

CREOSOTE IN ULCERS.

Creosote may be applied with advantage to ulcers of various kinds; but in the scrofulous, aphthous, phagedenic, and venereal kinds it has been found *most* useful.

The following wash is spoken of with great favor as having been used in a case of aphthous ulceration of the mouth:

R. Creosote..... ½ drachm.
Gum acacia..... 2½ ounces.
Mist. camphoræ.....11½ ounces.
M.

This was used every two hours. After the second washing the slough separated, and the depressions in the mucous membrane filled up with remarkable rapidity. Chronic venereal ulcers, after resisting every variety of treatment, heal generally under the external application of creosote.

When creosote is used pure, it rarely requires to be applied more than once; but if the application is repeated it should be with caution, and at intervals, lest inflammation be unexpectedly produced.

Dr. Shortt used the following combination in a case of phagedenic ulcer:

R. Creosote, gtts.....10 drops.
Aceti..... 2 drachms.
Aqua pura..... 2 ounces.
M. et fiat lotio.

The camel's hair pencil is best in applying creosote to chancres; one or two applications are frequently found sufficient.

DECIDED DOSES IN NEURALGIA.

There is a prevailing and not a sound tendency to give medicine too timidly. Surgeon-General Francis, of the British army, remarks, in a recent article, that in neuralgia, for example, we are frequently told that everything has been unavailingly tried, and that the sufferer, tired out at last, has decided on going abroad. On inquiring into the extent to which the antiperiodic remedies—notably quinine and arsenic—have been pushed, it will be generally found that the doses were considerably less than he has been in the habit of prescribing with almost unvarying success. During a residence of several years in India he has frequently given, in suitable cases, from ten to twenty, and even thirty, grains of quinine; and where this has been ineffectual, from twenty to thirty minims of Fowler's solution of arsenic have succeeded in starving off the attack. The habit once broken through, smaller quantities of either drug will be sufficient, but the remedy must be continued for a few days. In some instances quinine and Fowler's solution together (from six to ten grains of the former and ten to fifteen minims of the latter) will produce the desired effect, which neither would have produced singly.—*Medical and Surgical Reporter.*

[For the Brief.]

NITRIC ACID IN UTERINE ULCERATION.

BY H. E. WOODBURY, M. D., WASHINGTON, D. C.

For the benefit of the numerous readers of the BRIEF, I desire to state concisely the method I have devised for and the remedies I use in the treatment of ulceration of the womb. Seven years' experience has convinced me of the superiority of this method. By it cases can be cured in from six to twelve weeks. In the majority of cases my applications are painless. The impression made upon the organ is prompt and decisive; and the sympathetic accompaniments peculiar to such cases are speedily controlled.

My sheet anchor is nitric acid, full strength. I use alternately with it carbolic acid, tincture of iodine, and Kennedy's pin. canadensis. Nitric acid is by no means so heroic a remedy as it might at first sight appear; and the obstinacy of the disease fully justifies its use in these uterine cases. By means of my applicator or injector, it may be easily and safely applied. These instruments, manufactured by Reynders & Co., 309, 4th avenue, New York, are both simple and cheap.

Plan of treatment: Introducing the speculum, I first remove as thoroughly as possible the tenacious mucus from the conical cavity. This done, I generally prefer to use my applicator as follows: Having moistened the end of the staff, I wrap it with cotton, forming a mop, and this mop acts as a piston in the tube; the end of the tube is passed into a bottle of pure nitric acid, and the staff withdrawn far enough to take in from three to five drops of the fluid; wipe the end of the applicator, and pass it gently into the cavity of the cervix, or body of the organ, as the case may require; by pushing in the piston or mop, the acid is brought in contact with deceased surface. In all cases, the os should be patulous enough to admit the passage of the instrument without difficulty. When I have to dilate, I prefer tents of the slippery elm bark, as they are less irritating and far more cleanly than those of the sponge.

I make an application every other day for the first two weeks; after that, every fourth day; still later, every fifth or sixth day. I use the No. 5 the first day; carbolic acid or tincture of iodine on the third day; the nitric again on the fifth day, and so alternately until the No. 5 has been used five or six times. When the hyper-secretion has been arrested, I can generally dispense with the strong acids. I never use argent. nit. in these cases. Its action is superficial, as it forms a slough by coagulating the albuminous secretion, beneath which its effects do not extend. Beside it is apt to ruin the garments, and often produces severe pain. The No. 5 penetrates more deeply, does not strain, and far more promptly arrests the excessive secretion. I believe that a single trial of this plan will convince the most skeptical of its real value. It has been indorsed by Dr. Leblond, Lawger and Siredy, of Paris; Braithwaite, of Leeds, and many others.

October 18, 1877.

[For the Brief.]

DIPHTHERIA—ITS THERAPEUTICS.

BY C. G. POLK, M. D.

I have found the following the most satisfactory of any mode of treatment I have been able to devise myself or learn from others.

If the case be seen at the outset, before there be much plastic exudation in the larynx or pharynx, I secure a mild alvine evacuation, with calomel and magnesia.

To allay the febrile phenomena, the following is a useful formula:

R. Lig amm. acet..... 6 ounces.
Tinct. ferri chl..... 2 drachms.
Sulph. quiniæ.....20 grains.
Sig. Tablespoonful every two hours.

I sponge the throat with a weak solution of carbolic acid and apply fomentations externally.

Under this treatment, but very few cases will progress unfavorably; in fact, the rule is, that it will cure a large per cent. of them in a week. If, however, it be one of the very malignant cases we sometimes encounter, with an early indication of vital prostration, I resort to the following combinations:

R. Potass chloratis.....3 drachms.
Tinct. ferri chloridi.....2 drachms.
Acidi muriatici dil.....2 drachms.
Quiniæ sulph..... ½ drachm.
Syrup aurant floræ.....1 ounce.
Aquæ q. s. ad.....8 ounces.
Sig. Tablespoonful every four hours, alternating with the following:
R. Sodii sulpho carbolate..... 1 drachm.
Acidi sulphurosi..... 2 drachms.
Syr. aurant cort..... 2 ounces.
Sulph. quinia.....20 grains.
Sig. Teaspoonful in water every three hours.

As a gargle, I get the best results from a solution of peroxide of hydrogen. Unless the diphtheritic membrane occasions important mechanical obstruction, I do not attempt to remove it with the forceps.

If the kikneys cease to act, give acetate of potash and apply fomentations to the lumbar region. If there be a tendency to coma or stupor, and with probability of uræmic poisoning, I rely on the carbonate of ammonium.

Diphtheria thus treated has not exceeded two per cent. mortality in my practice. While equally satisfactory results may not be obtained by others, I am satisfied that if once tried, it will gain favor in the profession. Philadelphia, Pa.

[For the Brief.]

IODOFORM IN BOWEL COMPLAINTS—A CASE REPORTED.

DR. B. D. KEATOR—DEAR SIR: I have been a sufferer from chronic dysentery for about thirteen months. I had tried doctor after doctor until I had about lost faith in the name. But as good luck would have it, Dr. H—— of our city saw your valuable letter in the MEDICAL BRIEF, and showed it to me, and so I commenced taking iodoform pills; and strange to relate, three of them checked my bowels, after I had tried no less than a dozen doctors, to just get them checked; not expecting a *cure*, but only a little relief. Your remedy for dysentery is very highly praised around here. I can never cease thanking you for your more than valuable information. I do think your article on iodoform has been the means of saving my life; and I feel like doing you a hundred favors. I think I am the happiest man in the city to-day, as I am about well. LEE CHENEY,

Bloomington, Ill.

The above letter speaks for itself; and hoping it may serve to further direct the notice of the profession to the great value of iodoform in this class of diseases, is my *sole* object in its publication. I would state that typhoid fever will respond *almost* as favorably to it as dysentery. B. D. KEATOR, M. D.

Tolono, Ill., Oct. 30, 1877.

[For the Brief.]

A CASE OF RETENTION OF THE URINE.

BY LUIGI G. DOANE, M. D.

I was called to attend Mr. H., age thirty-five, and found the following conditions upon examination: 1st, pulse normal; 2d, pains in the lumbar and hypogastric regions of a severe character; 3d, inability to pass urine; 4th, the small quantity passed by aid of a small catheter clear and normal upon chemical manipulation. I gave him two (2) grains morphia, put flaxseed in form of poultice over the hypogastric, and attempted to

introduce a No. 7 catheter without success; but one much smaller was admitted without difficulty, and a small quantity of urine and blood was voided. He had previously contracted a gonorrhœa which had been treated by an injection of decoction of broom, and had dried the gonorrhœa up, so to speak, leaving congestion of the neck of the bladder and inflammatory stricture. The warm applications to the hypogastric gave the relief, and the morphia produced sleep and its usual anodyne effect, and soothing mixtures of a saline character produced the desired effect, and he is now well.

This article is written in protest against the abortive plan of treatment in gonorrhœa, where there is a tendency to cystitis, either local or involving the entire fundis of the bladder: where such a complication exists, saline and anodyne medicines should be given; and in no case injections of a powerful character.

DES ARC, ARK., Oct. 13, 1877.

MY DEAR DOCTOR: Can you or any of your correspondents inform me whether there is a case on record where the urine was so impregnated with alcohol, as to burn up, leaving no residue? I have witnessed such a thing myself upon the bursting of a test-tube, while testing the urine of a man who was a hard drinker.

Fraternally, T.

[For the Brief.]

MORPHIA—HYPERDERMICALLY USED AS A RELAXANT.

I have often used morphia with the hyperdermic syringe in cases complicated with gastric irritation, in cases where the high state of irritability of the stomach seemed to cause every remedy which seemed to be indicated to be immediately rejected; but by using an eighth of a grain of morphia hyperdermically, there would be such complete relaxation following as would allow, in the meantime, medicines to remain in the stomach long enough to produce the effect sought; especially have I found this course most practical in cases of infraction of the bowels, painters' colic, and in suspended action of the liver, etc.

O. E. NEWTON, M. D.

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BOOK NOTICES.

TREATMENT OF DIPHTHERIA. By E. H. Chapman, A. M., M. D. Reprint Buffalo *Med. and Surg. Journal*, 1877.

TRANSACTIONS OF THE KANSAS MEDICAL SOCIETY, 1877, contains several interesting and valuable articles by members of the society.

THE NEW DEPARTURE IN MEDICAL TEACHING—University of Michigan.

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A TREATISE ON GONORRHEA AND SYPHILIS. By Silas Durkee, M. D., Consulting Surgeon of the Boston City Hospital, etc. Sixth Edition with Eight Colored Illustrations. Phila.: Lindsay & Blakiston. 1877. St. Louis Book and News Co. Price, $3 50.

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Respectfully, V. CAILLOT, M. D.

STAR PRAIRIE, WIS., JANUARY 27, 1877.

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E. B. CROMMETTE, M. D.

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IODIA AS AN ALTERATIVE.

By Eugene DeLancey, M. D.

At the suggestion of my friend, Dr. Allen Hall, I commenced the use of Iodia in a case of Scrofulous Ophthalmia, which I had treated for some time with the ordinary remedies, without material benefit. Its action in this case was so very decided and gratifying that I have since that time prescribed it largely in various complaints in which I thought Alteratives were indicated. It has proved itself, so far, to be the most reliable Alterative I ever used; and its application, especially in chronic forms of disease, is constantly extending. I can recommend it in Cutaneous Eruptions, such as Tetter, Eczema, Tinea Capitis, etc.; as with it, I have cured some extremely annoying and troublesome cases, when other treatment failed. Iodia also seems to have an almost specific curative action upon the whole Urinary apparatus, giving prompt and speedy relief in Kidney and Bladder derangements. I believe, however, that its curative action in Urinary troubles depends not so much upon its Diuretic powers as upon its power to excite a healthy action in the Glandular, Absorbent, and Cutaneous system. It is in Syphilitic and Scrofulous affections that Iodia *manifests* its Potent Alterative influence in the greatest degree. In these affections its Curative powers are, in my opinion, *more certain and reliable* than those of any other remedy. As an Anti-Syphilitic, I believe it to be far superior to Mercury or any other agent, and its use is not attended with the risk of Secondary deleterious effects. My experience with the remedy will probably justify me in saying that, for Syphilis, Scrofula, Ophthalmia, Female Diseases, Urinary Affections, Dropsy, Otorrhea, Eruptions on the Skin, and for all diseases arising from, or dependent upon, tardy depuration, defective secretion, or a vitiated condition of the blood, Iodia will be found to be a most valuable remedy.

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